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MR. PRESIDENT AND GENTLEMEN OF THE ASSOCIATION,—The Surgical Section of the American Medical Association has cause for warmest congratulation by reason of the large number of its members, their high attainments, their devotion to science, their well deserved fame and distinction, the rapid progress of this department, the wonderful enlargement of its field of thought and action, the great increase of its means and opportunities of usefulness, the splendor of its past achievements and the brilliant promise of its future conquests.

The lights of the present and the shadows of its past history are necessary to a faithful portraiture of its true dimensions and real stature. The very limitation of its sphere results in a clearer definition of its province. It antedates the pyramids, and lingers with the Egyptian priesthood, who, upon sacred walls, transmitted to us their knowledge of operations and instruments, not unlike some of to-day.

It was deified in the person of its Grecian disciples while temples rose and altars smoked in its worship. With the birth of poetry its praises began, and Homeric verse pays it tribute. It flowed in the same channel with all ancient knowledge—from Egypt to Greece, thence to the Seven Hills.

While it suffered, in common with all other knowledge, obscuration and neglect, in the painful hiatus of human progress, yet so vital its genius, so necessary its life, and so inspiring its study and pursuit, that gleams of sunshine, though fitful, played upon the deep gloom, and it glowed and kindled with the earliest dawn of modern science and learning.

Yet, up to the sixteenth century a fatal barrier opposed truly scientific progress, for how could truth be attained in that occupation whose province is to divide or unite tissues, separate whatever is dangerous or inconvenient, remove foreign bodies or those which have become such, arrest hæmorrhage, reduce inflammation, repair and correct deformities, restore lost tissue, etc., without a thorough knowledge of the human organism, and compass this knowledge without anatomy, whose relation to surgery is as light to the eye. Italy blessed the world, and the name of Vesalius became immortal, in recognition of the fact. France participated in the glory through "the great king-honored, man-loving, and God-serving chirurgeon," Ambroise Paré; but at the close of the sixteenth century Italy again moves to the front in the *Opera Chirurgica*, of Fabricius ab Aquapendente; thereafter appear Wiseman, in England, and hosts of names elsewhere, yet all upon the same and correct idea.

This alone, however, is not sufficient, for to anatomy must be added physiology and pathology —the latter unattainable without a knowledge of the former.

The eighteenth century was endowed by the profound attainments in anatomy and the brilliant ingenuity of its surgeons; the names of Pott and Hunter, of Scarpa and Bertrandi, of Petit and Bichat, of Theden and Richter, are indelibly inscribed upon the historic page. The impetus received extends through the eighteenth century, while the nineteenth is ushered in with a blaze of glory. For be it known that the age in which we live enriches the science with wealth which in comparison impoverishes all preceding centuries. Sir Astley Cooper, Liston, Dupuytren, Lisfranc, Velpeau, Civiale have passed away, but others remain, and this country, by force of its genius, has achieved triumphs which the learning of Europe had failed to attain.

The improvements of this age in surgery have thus been summarized: discovery of anæsthetic agents; resections of bones at the joints; the preservation of the periosteum and consequent development of new bone; partial amputations of the foot; amputations at the hip joint; the cure of aneurisms by the ligation of arteries within the trunk and immediate at their departure from it; the excision of the whole of the upper or lower jaw; the operations for cleft or deficient velum palati, or palatin vault; opening of the air passages to avoid asphyxia; extirpation of the uterus, ovaries, and lower portion of the rectum; the antiseptic treatment of wounds; the introduction of silver and animal sutures; the process of remedying ununited fractures; the substitution of milder means for the trephine in all ex-

cept the most serious cases; the improved treatment of ulcers and abscesses; the radical cure of hernia; the successful treatment of calculus, both by lithotomy and lithotrity; improvement in the treatment of strictures of the urethra, œsophagus, and rectum; the satisfactory treatment of malignant diseases; the restorative process in which the nose, lip, etc, are restored from adjacent tissues; and the great improvements in mechanical treatment of orthopedic affections.

The contemplation of the history of surgery is indeed cheering. It is wonderful what had been accomplished before anatomy was made an essential part of its study. It shows its great value, its deep necessity and resistless fascination; indeed, it is astounding how so much could have been acquired, while the structure of the body was unknown. It was truly an epoch when the study of anatomy became a part of surgical learning. Thus for the first time the characteristics of a science were impressed upon it. If the most beautiful machinery that ever addressed itself to motion was before you, with a motive power peculiar to itself, making vitality its essential active principle; a machinery involving sensation, conscious by this fact of its own injury; and rising higher still and attaining a manifestation unknown to any other form of existence with which we can be acquainted—*a thinking machine*; a structure which in the number of component parts, the variety of materials, their uses and adaptations, their mode of exhaustion and supply, of construction, destruction, and reproduction; and these all subject to every form of accident and injury, it would well enlist the highest energies and noblest faculties of the human mind and heart, and the results which have been accomplished are such as might have been anticipated.

In studying what has been done during the past year we find it also consistent with the progress of surgical science.

It has been characterized by the assemblage of most eminent minds in national and international conventions, where the most elaborate papers upon every pertinent subject have been submitted and discussed with a candor, ability, and love of truth that reflect honor upon the profession.

No startling discoveries have been made, but everything acquired heretofore has been critically reviewed and tested, facts have been arranged and classified, experiments repeated and verified, and theories examined with an impartial spirit. In a word, it has been an inventory, to employ a commercial phrase, of all that is now possessed by the profession. The pen also has been most active, in books, journals and papers.

To make mention of some of the most prominent:

Prof. Henry B. Sands suggests a novel procedure for the relief of œsophageal strictures, by means of an operation (internal œsophagotomy). An instrument is employed similar in mechanism to certain urethrotomes, by which a division is made of the undilatable strictures. The recommendation of his operation is supported by a successful case reported to the New York Surgical Society.

Dr. John H. Packard performed lumbar colotomy for an imperforate rectum, in which death occurred in one hundred and thirty-seven days after the date of the operation. Dr. Packard intimates that he would perform inguinal colotomy, as affording better opportunities of success, as the risk would be counterbalanced by an easier access to the terminal part of the bowel.

Dr. George R. Fowler reports two very interesting and successful cases of facial neuralgia, relieved by neurectotomy. The first case was an exaggerated neuralgia of the frontal division of the ophthalmic nerve of several years' standing. The operation, somewhat different from Leinhart's, consists in making an incision along the upper margin of the left orbit—the supra-orbital nerve was traced back to a point where it and the supra-trochlea arise from the frontal nerve, beyond which point it was severed, also its branches dissected out and divided. The second case was tic doloureux of only three months' standing. A modification of Carnochan's operation was instituted, by making a curvilinear incision parallel, and a little below the inferior orbital margin. The upper flap was raised and the branches of the inferior orbital nerve dissected out. The bone was laid bare and a small Galt's trephine removed a disk of bone from the wall of the antrum. A still smaller trephine was now made to puncture the posterior wall of the antrum, after which, by use of a small bone chisel, the infra-orbital canal was broken down, and finally section of the superior maxillary nerve, beyond a point where it joins Meckel's ganglion. In both cases pain disappeared immediately after the operations.

Dr. F. Lange suggests a new method of treating large bony cavities in the lower end of the femur of adults. The method consists of securing a flap of soft parts to the bottom wall of the bone cavity, after its anterior wall had been removed, and its surface had been thoroughly refreshed and purified.

Drs. J. H. Musser and W. W. Keen report two new cases of cholecystotomy, and present a table of all hitherto reported cases. In case first, there was a history of biliary concretion of five years' standing, jaundice for eight months, and symptoms of obstruction. Dr. Keen performed cholecystotomy and the patient recovered.

In the second case there was gastro-intestinal catarrh, followed by jaundice, both becoming chronic, with symptoms of internal suppuration. Dr. Keen also performed cholecystotomy, but the patient died in a short time.

In the thirty-five cases enumerated in the table the gall bladder was not opened in four of the patients, therefore, strictly speaking, these latter are not examples of cholecystotomy.

Dr. Keen recommends if the diagnosis be fairly well established, an incision be made with strict antiseptic precautions over the centre of the tumor, and parallel to the free border of the ribs, three inches in length. The gall bladder is now aspirated and a flattened scoop used to keep back the intestines and carry off fluids, being arranged at one end to serve as a conduit. The gall bladder should now be incised to the extent of an inch, all discoverable concretions removed with forceps, and a fistula established by fastening the edges of the incised bladder to that of the abdominal wall.

Owing to long-continued jaundice disorganizing the blood, there is a marked hæmorrhagic tendency in a majority of these cases.

Out of the whole number of cases reported only ten deaths occurred.

Dr. Henry Morris recommends the following procedure for the removal of impacted calculi in the ureter: Having dilated the urethra in the female, or performed external urethrotomy in the male, the index finger of the left hand should be passed into the bladder. If a hard fixed body should be felt in the situation of the opening of either ureter, a knife shaped like a gum lancet should be passed in, and the tissue covering the stone should be incised, a scoop being used to turn the calculus out of its bed, and to remove it.

Dr. Samuel W. Smith proposes a woven-wire corset, instead of the plaster jacket for spinal affections, claiming that the latter causes bronchial trouble by cooling the body during the drying process of the plaster.

Dr. J. Wiest reports a successful reduction after thirty-eight hours of a bilateral dislocation of the sixth cervical vertebra from the seventh, without fracture of the body of the vertebra.

The experience in this country regarding "Rectal Etherization" has decidedly been adverse to employment, having caused death, to say nothing of ulceration resulting in the intestinal tract.

One of the most prominent features in the past yearly progress of American surgery is the increased use of antiseptic methods and appliances. To Dr. L. S. Pilcher we are indebted for a most interesting and valuable paper on "Recent Advances in Methods of Wound Treatment." He urges the use of "aseptic instruments," that is, instruments so constructed as to leave no crevices or joints where impurities may find lodgment. Another step he claims as an advance, is the use of "buried sutures," consisting of a series of catgut sutures applied to the deeper parts of an extensive wound, by which the layers of tissue, one after another, are apposed from the bottom of the wound upward, the sutures being absorbed during the process of healing. Dr. Pilcher also lays special stress upon the value, for dressings, of turf moss and ordinary sawdust disinfected with corrosive sublimate, and made permanently antiseptic with naphthaline.

In connection with surgical literature during the past year, among the most notable additions may be mentioned two volumes of the "International Encyclopædia of Surgery," vols. IV and V; a volume on the "Principles of Surgery," by the late Prof. W. H. Van Buren, edited by Dr. L. A. Stimson; a paper by Prof. Moses Gunn on the "Philosophy of Manipulation in the Reduction of Hip and Shoulder Dislocations"; a paper by Prof. T. M. Markoe on "Sarcoma of Synovial Sheaths"; a paper by Prof. Roswell Park, on "Tuberculosis of Bones and Joints and Its Treatment by Ignipuncture," and a paper by Dr. Frank Rockwell, on "Antiseptic Surgery in Private Practice."

It is gratifying to contemplate the thought and action of the closing surgical year. It is full of promise for the future. The profession has been husbanding its energies and disciplining its forces, gathering its strength, filling and replenishing its arsenal for the most glorious contest that the world ever saw; and the seeming repose was really active preparation for future struggles and more glorious victories. All the achievements of the past will be but the alphabet of the science of the future.

While the first century of American surgery accomplished so much, let us remember that among its many bright and shining lights—its stars of greater or lesser magnitude—its closing and most effective portion was illumined by one who stood far above his fellows, and who was permitted to sum up its details and accomplishments, as well as to make his impress on the initial portion of the second centennial period. When this Association was in session but a short year ago, it members were saddened, their hearts bowed down, by the intelligence that the greatest of American surgeons had joined the innumerable caravan, and had "crossed the river to rest under the shade of the trees." After more than three score years and ten of a most honored and useful life, after making a greater impress upon the plastic field of surgery than was ever given to one man, after justly won and well merited honors at home and abroad, he was permitted to join the illustrious fathers of the profession he loved and honored so well, leaving throngs and hosts to lament and mourn his loss, and join in universal pæans of praise.

And if it be not permitted for one to recross from the other side, may we not hope that the stimulus of his great name, the emulation of his most worthy example, the incitement of his untiring energy, the encouragement of his persistent labor, and the love for his fellow man that filled his warm and kind heart may pervade this Association, and more especially the section which knew him so well, and loved him as a father for so many years?

As he has said, our art as "practised at the present day, is entitled to the highest respect and admiration of the profession, and the most profound gratitude of mankind. It has attained,

if not its finality, certainly a wonderful degree of perfection; it has emerged out of chaos into order, and out of darkness into light; it has laid aside its farrago of instruments, and its fondness for blood; in a word, it has assumed the fair and stately proportions of a science; and little remains to be done to place it upon a firm and immutable basis, beyond its efforts to determine the best plans by which it seeks to accomplish its various purposes."[1]

Or may we not exclaim as he did just six years since, when the leading medical men of America were assembled to do him honor and reverence—"Oh! for a glance at the profession half a century hence, when man, enlightened and refined by education, and redeemed from the thraldom of ignorance and superstition, shall reflect more perfectly than he now does the image of his Maker!"[2]

ORIGINAL ARTICLES.

PENINSULAR AND SUB-PENINSULAR AIR AND CLIMATES.[3]

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Peninsulas have always been sought by mankind as favorite residences, and have been visited in winter by those living in cold, inland countries, as resorts for health. Excluding the peninsulas of the Indian Ocean and those of the far north, the six great peninsulas of the earth are, Greece, Italy, Spain with Portugal, Florida, Central America, and Lower California. There are many well known smaller peninsulas on the Mediterranean, in France and Italy, which have climates peculiar to themselves.

The distinction to be observed between the words "air" and "climate" is this: When speaking of air, only the qualities of the atmosphere are considered. The word "climate" embraces an assemblage of many facts, of which the atmosphere is only one of the factors. From its Greek derivation, climate literally means, the slope of the earth from the equator toward the pole. It has been defined as the condition of a place, in relation to the various phenomena of the atmosphere, as temperature, moisture, etc., especially as these affect animal life, or man. Mr. Hume says: "I mean those qualities of the *air* and climate which are supposed to work insensibly on the tone and habit of the body." Evidently he drew a proper distinction between the meaning of the two words.

The climate of a peninsula derives one of its peculiarities from the fact that the heat of the land dries the air as it comes from the sea. The peculiarity of a sub-peninsular climate is the re-drying, or super-drying, of the sea air. An illustration to explain this peculiar action upon air may be found in the expansive forces of steam and superheated steam: the change caused by the re-drying of the air, on the sub-peninsula, corresponding to the augmented force of the superheated steam. On account of this, and also for other causes, the air and climate of a smaller peninsula, attached to a larger one or jutting off from it, often differs from that of its parent very materially; this difference corresponding, in a great measure, to the extent of the water surface separating it from the main land, and also to the quality and area of the land forming the lesser peninsula. Such a fact as this is important, and has not heretofore been observed or utilized to the extent it deserves. This is one of the reasons why, in peninsular study, two or more places in the same latitude may be found having quite different climates.

With these definitions and facts before us, we can now compare the climate of Florida with those of Italy, Spain with Portugal, and other places upon the Mediterranean Sea.

We have all heard of Pau, Pisa, Mentone, Monaco, Cannes, and other European resorts; and may be familiar with what has been said concerning the banks of the Nile, or Mexico, and Southern and Lower California, but none of these, it may be said without fear of contradiction, can compare with Florida as a peninsular climate, or as a land having peculiar attractions as a winter residence. Indeed, it may with truth be said, that Florida now stands confessedly preëminent in this respect, before all other lands or peninsulas. It has a different latitude from most of them, a different topography, and a different slope to the winter sun. The Apennine Mountains, with their summits, snow-capped in winter, extend through the centre of Italy, and cool the air blowing between the Adriatic and Mediterranean seas. Contrary to this, the face of the land in Florida is almost level, having only a gentle rise, between ocean and gulf. There is no obstruction to the pressure of the winds in summer or winter, and no sudden chilling of the air in winter by mountain heights or snows.

A further study of the topography of the state shows that the St. John's River, which in reality is a succession of lakes, divides the northern and middle part of it into two imperfect sub-peninsulas. The settlements and improvements already made on either bank of this river are now highly esteemed for their climates, but the most desirable region, and the one destined to become the most celebrated for its winter climate, will be found on a large sub-peninsula on its southwestern or gulf coast.

Before alluding to this more particularly, however, a brief description of this truly wonderland, as a whole, may be interesting. As to extent of surface, affording and offering attractions of many kinds on land and water, Florida is the largest of the United States, east of the Missis-

[1] Gross' System of Surgery, 6th Edition, 1882, vol I., p. 481.

[2] Complimentary Dinner given to Prof. S. D. Gross by his medical friends, etc. 1879.

[3] Read before the American Medical Association, Thirty-sixth Annual Meeting, April, 1885.

sippi River. It has, in round numbers, about 35,000,000 of acres, and, including keys, lakes, rivers, and land-bound waters, it covers an area of nearly 60,000 square miles. It is 400 miles from north to south, an average of nearly 100 miles from ocean to gulf, and its northern boundary line of 375 miles gives it a long arm extending to the west. Beyond this, its own western arm, in the states of Alabama and Mississippi, there is a beautiful coast line on the Gulf of Mexico which should be considered when speaking of Florida as a part of its own climate. Here the surf is warm, and already at Mobile, Pas Christian, Pascagoula, Biloxi, and other places, extending as far as New Orleans, excellent accommodations for strangers and establishments for the relief of disease have been established.

It is not surprising that with these advantages, during the last twenty years, Florida has been visited by a vast number of persons, who have either settled upon its soil, or continue to resort to it annually. Within this period, the entire face of the country has been changed, as it were by magic. From a wilderness of flowers, parts of it may now be called a cultivated garden. Its legislatures have fostered the building of railroads; have invited capital from abroad; and have so managed the affairs of the state that it can now be traversed in every direction with ease and pleasure. More than a hundred large hotels, and double this number of smaller ones, have been erected in well selected locations, and each one of them has some particular attraction. It is estimated that during the present winter it has been visited by more than eighty thousand strangers.

Physicians often recommend many of those who seek their advice to spend their winters in mild peninsular climates, simply for the pleasure of the life. But the diseased conditions which they think are manifestly benefited by a resort to them, may be divided into the non-progressive and the progressive diseases. By those which are non-progressive, I mean diseased conditions which are produced by overwork, luxury, and overexcitement, and by the contaminated air of cities. The progressive diseases are of a different character and are the great outlets of human life.

Foremost among them is consumption. It is this disease which has filled both peninsular and high-altitude hotels beyond all others, and will continue to do so. "Why do you persist in sending your patients, in the third stage of consumption, to Florida?" the physicians of that state ask of their northern brethren. They reply: "We do not always *send* them; they *will* go." In fact, there is an intuitive and common-sense desire among consumptives and their friends to escape from the winter storms of rigorous climates, and go where it is warm and pleasant; and who can blame them? For myself, as a physician, I have observed the effects of the climates of Colorado, Santa Fé, and other high altitudes of the Northwest, and also of Southern and Lower California and Florida. Two propositions are, thus far, satisfactory and encouraging to me: First, that change of air sometimes permanently arrests the disease in question, in its first stage; and secondly, that a temperature between 70 degrees and 80 degrees F., where the invalid can be most of the time comfortable in the open air, is a valuable agent, provided it is good natural air which is obtained. Personally, if I had consumption, cancer, Bright's disease, chronic impoverishment of the blood, some of the heart or skin troubles, or any ailment which prevented me from buffeting my way, in the open air, against a gale of wind in a cold country, I would go, if possible, to a land that inclined to the winter sun by sloping well to the south, free from mountain snows, and had an even winter temperature, varying for the most part between 70 and 80 degrees F.; and where can such a land be more easily reached than the favored peninsula of Florida?

But in order to judge clearly between the two as winter residences for invalids, the advantages of southern peninsulas should be contrasted with the rigors of northern inland climates. Let us contrast what has already been, and what will be hereafter said about the winter climate of southern peninsulas with this picture taken from the Fortnightly Review—Article: "The Upper Engadine in Winter." St. Moritz and Davos are places recommended for a winter climate. Imagine the following scene for a consumptive, for whom it is recommended. "St. Moritz," says the writer, "is reached by six great Alpine routes. . . . English people use the Julier and Maloja, since the others are either higher or more exposed to avalanches. . . . The shortest time is made by the Julier, but this involves a twelve-hours drive in an open sledge. As a rule, only the first and last sledges have drivers. Along the narrow track formed in the snow, the procession walks or trots, according to the degree of the slope. The horses are accustomed to their work and follow their leader without the use of the reins. But if they chance to be fresh to their duties and leave the track, they will flounder more than knee-deep in the powdery snow, on which the occupants of the sledge will usually find themselves deposited without violence or hurt. . . . As we go on, the sun, shining through the thin air, begins to burn fiercely, and we are glad to discard, one by one, many coverings which were necessary earlier in the day. This peeling process may continue until we feel surprised at the lightness of the covering required; but these rejected wraps will have to be donned again as evening advances.

"When lowering clouds discharge their burden of snow which, flung about in huge wreaths by a furious wind, blinds traveller, driver, and horses, and so covers up the track that the animals can scarcely make headway against the raging storm, then the worst that can happen is that the accumulation of drifts and the force of the storm

may render it impossible to proceed, and sledge and horses will be rapidly snowed up. . . . Thus by slow and painful stages, the travellers [consumptives] may reach their haven of safety, to suffer for days in eyes and skin, if not more severely, from the terrible exposure. Sunshine lasts from 10:45 A.M. to 3 P.M. on the shortest day, and these hours mark the limits within which most invalids find it desirable to remain out of doors. There is often a difference of more than 50 degrees F. between the temperature in sun and shade. The sudden chill which accompanies sundown is remarkable. Except when moonlight tobogganing is indulged in, it is not usual for people to go out walking in the evening." From this example it is plain that the course marked out and followed by the fashionable "fads" of the present day is not to be accounted for; but it is common sense to suppose that this sort of thing for consumptives cannot last.

Compare this picture, which tempted quotation from its vividness, with the climate of southern peninsulas, where the air in winter is generally mild. In Florida, especially upon its southwestern coast, the average winter temperature is about 68 degrees F., and during few winters are the extremes of the thermometer lower than 45 degrees F., or higher than 80 degrees. These extremes, however, are very rare upon this coast, and of short duration. Again, upon peninsulas, the scene of open water is a pleasant and refreshing change from that of ice-bound streams, bare trees and frozen ground. The amusements of walking in the open air, hunting, riding, driving and boating, in no small degree contribute to health and pleasure; and the abundance of fruits, fresh vegetables, and fish are not found in northern inland countries. It is not wonderful, therefore, that such advantages as these are sought after. *They* indeed offer a haven of hope for invalids and a desirable winter home for all.

On account of these facts, which have been repeatedly observed and extensively published by able writers, Florida is now attracting the attention of the European physicians and sanitarians. The Russian, the German, the English, the French and Spanish physicians, as well as those in South America and the islands, are all becoming more and better acquainted with the peculiar attractions of Florida: and, tired of those inferior climates which have been mentioned and which they have tried so long, and looking for something new and better, they are freely recommending this state as a health and pleasure resort. If this is the drift of their inclinations, as it would appear to be from their writings and conversation, what is needed to attract invalids from these distant lands to Florida is that more and greater preparation be made for their accommodation. This is a point of importance at this time, and the subject will amply repay a careful consideration.

The scheme which will now be proposed is to project a "Health City" upon an enlarged scale, and to invite through the medical, the social, and scientific press, the nations of Europe and America to unite in its erection and improvement. It would seem particularly fit that some such proposition should be made for Florida, since its history shows that at different periods it belonged successively to four of the present leading governments of the world, the last of whom expelled a nation of brave and strong warriors from its soil. Then it was all war and dreadful massacre; now, in the 19th century, there is an opportunity offered for all these nations to join hands on the peaceful paths of sanitary science, and in cultivating the art of prolonging life.

None of the places as they are at present improved in Florida can now fill this requirement. There are many of them quite good, but all lack completeness for such a purpose as the one proposed. The situations upon which most of them are built are more the result of circumstances than study. A place ought now to be found, where such improvements may be erected, concerning which it could be said with pride, that pleasant climate and pure air and water are not all which the medical profession, with its collateral studies, can offer to the world on this unique peninsula.

A distinguished physician in another country, as it were anticipating such a want here, has given the general outline for the building of a health city, which is particularly adapted to a warm climate. Without such a city, as a sanitary and pleasure resort, Florida will never be complete.

Upon one of the large sub-peninsulas on the southwest coast of the state, a city may be built after the ideal model drawn by the master hand of Dr. B. W. Richardson, of London, whose paper upon this subject was read before the Brighton meeting of the Social Science Association, in 1874.

All the fire-proof materials to construct such a city are near at hand on this peninsula. It can be erected with comparatively small cost. Nothing is wanting but the determination to do it, and the mind of such an architect as Mr. Chadwick, to whom Dr. Richardson largely refers in his paper.

That such a city will be built here in the near future, no one who has watched the progress of affairs of this kind in and out of the state, during the last few years, can doubt. It should be done at once, and when finished, invalids and pleasure seekers, from all lands, will come to enjoy the delights of a winter climate, which, all things considered, can probably have no equal elsewhere.

Where should such a city be built? Overlooking the deep Gulf of Mexico, with the broad waters of a beautiful bay nearly surrounding it, with but little now upon its sterile soil but the primal forest, there is a large sub-peninsula, Point Pinellas, waiting the hand of improvement, as the larger peninsula from which it juts did but a few years ago. It lies in latitude 27 degrees and 42 minutes, and contains, with its adjoining

keys, about 160,000 acres of land. No marsh surrounds its shores or rests upon its surface; the sweep of its beach is broad and graceful, stretching many miles, and may be improved to an imposing extent. Its average winter temperature is 72 degrees; that its climate is peculiar, its natural products show; that its air is healthy, the ruddy appearance of its few inhabitants attests. Those who have carefully surveyed the entire state, and have personally investigated this sub-peninsula and its surroundings, think that it offers the finest climate in Florida.

Here should be built such a city as Dr. Richardson has outlined, or an improvement upon the Pullman city near Chicago, adapting such improvements to the purposes intended. To give an idea of Dr. Richardson's model, a quotation will be given from his paper, taking the liberty, however, to change the sequence, and alter the meaning of a few words of the original text.

Dr. Richardson says: "Mr. Chadwick has many times told us that he could build a city which would reduce any stated mortality, from fifty, or any number more, to five, or perhaps some number less, in the thousand annually. I believe Mr. Chadwick to be correct to the letter in this statement, and for that reason I have projected a city that shall show the lowest mortality.

"Whatever disadvantage might spring in other places from a retention of water on the soil, is here met by the plan that is universally followed, of building every house on arches. So, where in other towns there are areas, kitchens, and servants' offices, there are here subways through which the air flows freely, and down the inclines of which all currents of water are carried away.

"The roofs of the houses are but slightly arched, and indeed, are all but flat. They are covered with asphalt or tiling. These roofs are barricaded around with palisades, are tastefully painted, and make excellent outdoor grounds for every house. Flowers may be cultivated on them.

"The floors are of heavy, hard wood, over which no carpet is ever laid. They are kept bright and clean by the old-fashioned beeswax and turpentine, and the air is thus made fresh and ozonic by the process.

"All pipes are conveyed along the subways, and enter each house from beneath. Each house is complete within itself in all its arrangements, so that all those disfigurements called back premises are not required. At a distance from the town, and connected with it by a telephone, are stables, the slaughter houses, and the public laundries and laboratories. Each night, or early in the morning, all sewage and refuse matter is removed from the town in closed vans, and conveyed to a distance, where it is utilized by Mr. Hope's plan."

Dr. Richardson, in his paper, projected a city for 100,000 inhabitants, living in 20,000 houses, and built upon 4,000 acres of land. On this subject he says: "In an artistic sense, it might have been better to have chosen a smaller town, or large village, for my description, but, as the great mortality of states is resident in cities, it is practically better to take the larger and less favored community."

This style of building, that is, upon arches, is not proposed for Florida without due deliberation. It may not appear the best upon first presentation, but it will bear study. The houses will be high and dry, with a free flow of air beneath them. The floors should be from four to six inches thick. The cost of arches, built with artificial stone, will be less than the cost of digging and laying pipes and sewers for drainage under ground. There is no frost here, hence no fear of water freezing. If once tried, its advantages will make it universal.

If the situation which has been pointed out has all the advantages which are claimed for it, and some of which will now be given, then it is the proper place for an improvement which should have no equal, as its climate is matchless. Dr. Charles J. Kenworthy, of Jacksonville, a well known authority upon the climatology of Florida, says: "I have spent twenty-one winters in Florida, and being familiar with a large portion of the state, I have reason to believe that I am warranted in expressing an opinion. From my knowledge of the state, I am convinced that Point Pinellas is eminently adapted as a location for a sanitarium. The locality is strictly healthy, and it is accessible. The west and northwest winds are robbed of their piercing and refrigerant effects by passing over the warm waters of the Gulf of Mexico. The east and northeast winds are deprived of their harshness in passing over the peninsula of Florida. Having made the climatology of Florida a special study, I am of the opinion that Point Pinellas is the situation *par excellence* for a sanitarium and a winter resort for tourists. In addition to the sanitarium, I would recommend the erection of a hotel to accommodate tourists and sportsmen. The harshness of the east and northeast winds on the Atlantic coast, the frequent rains and sudden atmospheric changes, so common in the northern portion of the state, and the liability to malarial diseases at certain points in the interior, would induce visitors to seek the equable, healthy and balmy climate of the Gulf coast, if suitable accommodations could be secured."

Mr. William C. Chase, who has travelled extensively over the state, with a view of studying its climatology, says: "Were I sent abroad to search for a haven of rest for tired man, where new life would come with every sun, and slumber full of sleep with every moon, I would select Point Pinellas, Florida. It is the kindest spot, the most perfect paradise; more beautiful it could not be made. Still, calm, and eloquent in every feature, it must be intended for some wise

purpose in the economy of man's life. Its Indian mounds show that it was selected by the original inhabitants for a populous settlement. These mounds are not very common in Florida, and where found there are always excellent attractions. Some of the mounds of Point Pinellas will measure from one hundred to three hundred feet in circumference, and thirty to ninety feet high—quite a hill, some of them. A skeleton dug from one of them had a thigh bone five inches longer than that of a man living on the Point who was six feet tall. The present inhabitants have none of the sallow, unhealthy complexions so common in the South, but are ruddy and clear, and as fine specimens of manhood as can be found anywhere. Nowhere in Florida can be found such lakes and such good water. It is a fact worthy of consideration, that the sapodillo, the mango, and many other *positively* tropical fruits and plants, grow and yield here, and living men gather and ship their yield, and depend upon their crops with as much certainty as the balance of Florida does upon the orange, cotton, and sugar cane. One cannot too carefully note this fact."

Mr. Theodore G. Maltby, than whom there is no one more able to give an opinion upon this subject, says, in a letter dated from Point Pinellas: "I will state my experience at Pinellas, and elsewhere in Florida. Before coming here I paid an extended visit to the east coast, and visited most points of interest between St. Augustine and Key West. I was much pleased with the Indian River country as being the most desirable location for fruit growing I had then seen, but the insect annoyances that must always be endured deterred me from settling there. The mosquitoes and sandflies were terrible. We were compelled to wear head nets and gauntlet gloves at night in order to sleep; and from the sandflies there was no escape except by continual warfare, When I returned to Florida three years ago, I did not look at the east coast. I had determined to go to Jamaica, but meeting Dr. Branch in Tampa, who had lived many years in Florida, he told me that Pinellas was the most healthy place, and had the most desirable climate of any portion of Florida. And I here state that if I should leave Pinellas, it would not be with the idea of finding a better location in the state. Its nearly insular position, being almost surrounded by sea water, which ebbs and flows twice a day, filling every bay and bayou with warm water from the Gulf, and in summer with cool water, serve to keep an even temperature, and prevent great extremes of heat and cold, and giving us a climate where the mango, avacado pear, and other tropical fruits thrive and flourish; while a few miles north, and many miles south, these are almost yearly injured by frost. Among the tropical fruits growing here is the cerica pay-payo, a fruit said to be exceedingly rich in pepsin. I can speak from actual knowledge, that it is an excellent remedy for indigestion. The mango fera (the mango), is also in bearing here. It is one of the most magnificent trees of the tropics—there are trees growing on Pinellas having a circumference of branches of ninety-six feet, and not eight years old. The persea gratissima (the avacado pear) is also a beautiful tree, some specimens here having attained a height of thirty-six feet. Both fruits are highly esteemed. Many other choice tropical fruits are to be found growing, among them the anona cherimolia, or cheremoya, pronounced by Wallace to be a spiritualized strawberry. Abundance of oranges, limes, lemons, guavas, and bananas, and a few varieties of grapes." He also says the supply of game, fish, oysters, clams, scallops, etc., is abundant, and that excellent beaches for salt-water bathing are accessible from either bay or Gulf side; "so that at Pinellas, it is impossible to locate far from good bathing, fishing or hunting."

In a paper on "The Climatic Conditions of Florida," Judge J. G. Knapp, State Agent of Agriculture, divides the state into eight belts. He says: "The boundaries are not as sharp as latitudinal lines. His divisions are the northwestern, the northern, north central, central, south central, southern, semi-tropical, and eighth, the tropical belts. Of the central belt he says: "The year possesses so equable a climate that, in the estimation of the inhabitants, the present season is always better than the past. Summer and winter vary from each other rather by the months in the almanac, than by the markings of the thermometer." Of the south central belt he says: "If we were charmed in the central, in the south central we will be enchanted. Here frosts never freeze the orange, and it may remain on the parent tree until fully ripe. In this belt lies the frostless Pinellas, and the lands between the waters of Tampa and Manatee Bays and the Gulf. The nation's eye is turned thither, and the tread of the pioneer is heard. He who will predict for this region a high rank among the incomparable belts of Florida, will not err."

After this evidence, it might be deemed unnecessary to say anything more about Florida as a winter resort, or concerning the excellence of the climate of Point Pinellas. But the descriptions which have been written may bring disappointment to some persons, when they face the reality. It is the intention that in this paper, at least, there shall be no misrepresentation, if it can be avoided.

A gentleman of this city, now over sixty years of age, has spent much of his adult life in searching for a perfect climate. His standard has been formed from reading. Although his means and industry have permitted him to travel wherever literature invited, he is still in search of his ideal climate. His case is not an uncommon one.

Everyone who has travelled much in Florida knows that there are cold days there in every winter. Fires have been seen and enjoyed from Fernandina to Tampa. The new San Marco hotel in St. Augustine is warmed by a steam apparatus. The rulings of the thermometer are found to be variable everywhere; sinking with the north, and

rising with the south winds. It is difficult to find the exact frost line. Concerning this, which would not appear to be a very material point, there is a contention. There are old inhabitants who say that at long periods, and at rare intervals, frosts appear in every part of the state, Pinellas included, and there are others who assert the contrary. However, as a general truth, it is well known that there are elsewhere more equable climates than Florida can offer. But with equal truth it can be said, that these climates are either too hot or too dry to be pleasant, or that they are comparatively inaccessible. Rain and alternations of temperature according to meteorological laws go together. It is by comparison only, and by taking all with all, that the winter climate of Florida has become celebrated, esteemed, and so much sought after.

On the 20th of last February there was a stiff northeast breeze blowing on Point Pinellas, and overcoats were not uncomfortable to some persons who were there on that day. At 6 A.M. the thermometer had been 46° F., the coldest day this year. Yet the climate on this point is anomalous. It is asserted by its inhabitants, admitted by its neighbors, proved by its flora, and published unchallenged by writers, that frost does not occur there. It has been long and generally known as the "frostless Pinellas." If this is absolutely correct, or if a close approximation to it be assured, there must be some cause, or combination of causes, to account for this effect. Frost occurs on the mainland in the same latitude. And it even occurs one hundred miles further south.

With all due diffidence, and subject hereafter to correction, the following reasons are suggested as a possible explanation for this remarkable fact. Pinellas is a sub-peninsula having a large land surface, which is for the most part, poor, high, dry, and hard, with here and there fertile spots scattered over its surface. The north and east winds blowing to it are first warmed by passing over the main or larger peninsula, then again warmed by the Bay of Tampa, and yet again further warmed and re-dried by the land surface of Pinellas. The south, the west, and northwest winds are warmed by the Gulf of Mexico first, and pass over a chain of keys before reaching the "Point."

In the Gulf of Mexico, and beginning at a distance less than 100 miles to the west from these keys, is a basin 13,000 feet deep, and larger in extent than the entire state of Georgia. It is called Sigsley's deep. Prof. Hilgard, Chief of the Coast and Geodetic Survey Bureau, has a model of it in his office at Washington.

Has this immensely deep basin an effect upon the temperature of the surface water of the Gulf, which is 9 degrees F. warmer than that in the Atlantic in the same latitude? The temperatures, in round numbers, are as follows: The average temperature of the water flowing into the Gulf is 54° F. The temperature at the bottom of the basin is 37° F. The deep basin in the Gulf is drained by a channel through the straits of Florida into a deeper basin off the north coast of Porto Rico, which is 37,000 feet deep, with a bottom temperature of 35° F. The surface temperature of the Gulf water is 87° F. Is it that the Gulf is landlocked, and its waters heated by the sun, or does the dynamic force of the water at these great depths expel its latent heat? Whoever wishes to theorize concerning this subject may do so. The two facts, in order to show them more prominently, are here placed side by side, as they exist in nature—the frostless peninsula, and the basin; one is as true as the other; the latter has been proved by the soundings of the United States officers, the former is herewith given, with its proofs, for the future observation of the world. If the health city, like to the one which Dr. Richardson has imagined, or the one which the Pullman Company have made, is built here, no better or more accessible place can be found for the united enjoyment, mingling, and conference, of many nations. That it was considered a choice and favored spot by the Indians, has already been said, of which there is no doubt. The archæology of the United States shows, that as a rule, the best food-producing, and the healthiest situations, contain abundant evidences of the long residence of the early inhabitants. The Indian mounds on Point Pinellas are by far the largest in the state, and the other evidences of an ancient populous settlement are equally plain.

Mr. Chase has told us that the food supply from the waters of Tampa Bay, from what he has heard, may not be excelled even by that of the Chesapeake. Beds of oysters, clams, and other shell fish are as large, and as good in quality, as those found in Maryland and Virginia. These oyster beds are now vast in extent, not having been much worked or drawn upon since the disturbance and expulsion of the Seminoles. The variety of edible fish is large, and they are considered by many to be superior to those found in the Baltimore and Norfolk markets. The pompano, the tarpon, blue fish, and red fish, the mackerel, mullet, and many others, are in great abundance. The keys are lined with marine curiosities, and upon some of them are rookeries and wild game. So that the feature of amusement and pleasure, so often wanting at health resorts, is here fully and happily supplied by nature.

Upon the land, according to Mr. Maltby, the oranges and other fruits are only excelled by those of Indian River, and again there are others who esteem the fruits of Pinellas above those of any other region of Florida. The vegetables grown upon the Gulf coast are of a superior quality, fully equal to those found anywhere.

The land of the sub-peninsula has an average height of about sixty feet, and commands a fine water prospect. In the distance the famous Egmont Key and the smiling landscapes of the Manatee River country are to be seen.

All these things, as well as its remarkable climate, point to it as a place for health and happy existence. Who will undertake its improvement? or, as it may be more aptly put, who will not work for its success? In the past there are at least two instances of city building which are encouraging. The great hero of antiquity sought a peninsula, upon which he brought his household gods and founded the city from whence sprung the Latin race and the walls of lofty Rome. The historic William Penn ran his plow through miles of wilderness, anticipating the wants of Philadelphia.

Guided by such illustrious precedents, if a health city is now, or ever will be, projected at Pinellas, the compass of it ought to be large, ample, and complete. If commenced now, prudence indeed may dictate that the first beginning would better be only on a scale commensurate with what present need demands. There may yet be difficulties in the way to baffle and check the work, that cannot be foreseen; therefore much will depend upon those into whose hands it may first fall.

Wise words, yet suggestive of success, are necessary here. The improvements which have been made in Florida already are evidently those of the age of hasty production. At the present time, when living is so luxurious, and luxury so contagious, the latest and best ideas in sanitary building must be attended to in order to give satisfaction. Opinions may differ as to the mode of building, but to arch building in a level country, none can deny a high order of advantages.

It has been the endeavor of the writer to call attention to the state of Florida as a winter resort for the restoration of the health of invalids, and for the pleasure of those who enjoy a warm winter climate and the sports and pastimes that it offers.

It has also endeavored to show how its accommodations may be improved for the benefit of other nations than the citizens of the United States. As to the situation where its "health city" should be built, I have tried to point out the place, and show its advantages.

During a recent visit to Florida, my attention was called to Point Pinellas, and I examined it as well and carefully as time and circumstances permitted. At its southern extremity, the land is shaped like a pyramid, and at its apex now stands a high palmetto tree which, viewed from a distance in any direction, as it rises out of the sand, presents a singular spectacle. Poetry might suggest that it was a beacon to this genial climate, but actually, around its roots on the point the sea sweeps over a broad and graceful beach, trending in beauty for miles on either side. From here, extending far up into the land toward the base of the pyramid, Health City should be erected.

As a result of that visit and examination, this paper is now offered to you, gentlemen, as a contribution to sanitary science.

THE TREATMENT OF CARBUNCLE WITHOUT INCISION.[1]

BY L. DUNCAN BULKLEY, A.M., M.D.,
OF NEW YORK.

A recent severe and somewhat striking case of carbuncle treated without incision has recalled a number of cases similarly treated, which excited some little interest among physicians who had watched the cases at my clinics and elsewhere, and has suggested the propriety of presenting the subject on this occasion. While the avoidance of a cutting operation in carbuncle is by no means a new suggestion, I feel sure from my experience in and intercourse with the profession, that the far more general practice is to make the free incisions so commonly recommended in many text books, and that the plan here advocated differs in many respects from that usually employed. I will first present in brief the case referred to:

Judge ——— aged 56, a large, florid gentleman, with delicate skin, first came under treatment for a very moderate amount of eczema upon the left leg and foot, which had existed to a greater or less degree there and elsewhere for five or six years. He had generally enjoyed good health, but stated that he had had diabetes for some time, in varying degree; he had not slept well since a period of nervous exhaustion several years previously. He was an excessive smoker. The eczema yielded remarkably well and quickly to an alkaline tonic, and an ointment of camphor, bismuth, and white precipitate.

Six weeks after his first visit he returned complaining of pain in the back of the neck on the right side, and on examination a red, hard, boggy mass was found, between an inch and a half and two inches in diameter, in either direction. This was moderately elevated, was apparently an inch in thickness, and on the surface were several small pustular points; it had existed several days before his visit. He was given quarter grain sulphide of calcium pills, gelatine-coated, one of which was to be taken every two hours, irrespective of meals. Locally he was directed to keep the entire surface, and over an area of nearly three inches, covered with lint, with the following ointment spread very thickly on the woolly side:

℞ Ext. Ergotæ fld..... ℥ij
Zinci Oxidi ..... ℥j
Unguent. Aquæ Rosæ .... ℥ij M.

This dressing was to be renewed twice daily, or oftener if there was much discomfort.

Three days later he called at the office, with the parts very thoroughly covered with the dressing; the boggy mass had increased in size, and was fully three inches in diameter, and the pustular openings, four in number, were more apparent and discharged some pus; in the largest of these, in the centre of the mass, a small portion of slough was seen. He had had consider-

[1] Read in the Section on Practice of Medicine, Materia Medica, and Physiology, April 28, 1885.

able dull heavy pain the night of the visit, but the ointment was very comfortable, and gave much relief when it was freshly applied. His pulse was 90 and of medium strength, the tongue was rather white and coated, and the bowels had been constipated but had since acted well. He was directed to continue the granules of sulphide of calcium every two hours, and the following mixture was given:

℞	Magnesiæ Sulphatis..	℥vj
	Ferri Sulphat.....	℥j
	Acidi Sulph. dil.....	℥iij
	Syr. Zinzib.....	℥j
	Aquæ ad.....	℥iij. M.

Take one teaspoonful after eating, three times daily, through a tube.

Three days later he again called at the office; the mass had increased still in size, and measured nearly four inches transversely; there were now five openings, the central one of some size, from which a larger amount of pus escaped. He had had some pain, but had been down town daily, attending to his business, although the nights were somewhat restless. His pulse was then 78 and of good strength, and the temperature beneath the tongue was 100.°8. The examination of the urine since the previous visit showed a specific gravity of 1.026 in the morning specimen, and 1.033 in that passed at night, in both there were amorphous urates and a trace of albumen, and in the night specimen there was a considerable amount of sugar. The treatment was continued, with the addition of ten grain Dover powders, to be taken as required for sleep. Locally the ointment was still applied.

Two days later, or eight days from the first day of treatment, the record was made that much of the hardness of the carbuncular mass had gone, that the area of the mass had diminished to three inches in diameter, and that pus of a healthy character could be pressed in some quantity from the central opening, which was about one-third of an inch in diameter, partially occluded by a grayish slough. He had slept well, taking three powders the night of visit, but none since. The treatment had been carried out faithfully in every particular; he had gone to his business daily.

Three days later all inflammatory appearance and soreness had gone from the mass, which was, however, still somewhat hard over an area of an inch and a half to two inches; pus exuded from the openings, of a thick, healthy character. As the bowels were a little constipated an extra dose of the magnesia and iron mixture was given in a tumbler-full of hot water, before breakfast. Some boil-like masses which had formed upon the thighs had dried up, and he was feeling in excellent health and spirits.

His next visit was one week later, or eighteen days from the first visit. Three days previously a slough had come out of the central opening, nearly an inch in length, following which had come quite a gush of rather watery pus, as though it had been corked up within. The carbuncular mass had almost disappeared, and at the time of the visit there was scarcely any hardness, but some redness remained, with a little watery discharge from two small openings. Ten days later the only trace of the carbuncle was a small scar left by the central opening, perhaps a third of an inch in diameter, and a little general redness of the neck.

During this previous week he had been passing a considerable amount of urine, about three pints during the night, and as much during the day. The morning specimen stood at 1.035, and the evening at 1.038. The morning specimen contained a considerable quantity of uric acid in large crystals, and abundance of oxalate of lime; the evening specimen had a trace of albumen. Both specimens contained sugar in abundance, the morning specimen between three and four per cent., and that passed at night, at least five per cent.

We have here the history of a carbuncle of fully an average size and severity, in an elderly subject with pronounced diabetes mellitus, running a comparatively short course, giving comparatively little constitutional disturbance, and not interfering with the daily attention to business. During the entire treatment there was no surgical interference, other than the slightest pressure occasionally, simply to learn of the amount of pus present, and not to evacuate it. The inflammatory process terminated in the production of openings through the skin which were sufficient to allow the escape of the pus, and the slough which formed was largely dissolved, and but a single mass remained, which escaped spontaneously through an opening hardly half an inch wide.

The treatment employed was that which I have followed repeatedly, for several years past, and, as far as I can possibly recall, with uniform success. Modifications may be required for particular cases, but in the main the principles of treatment are the same, and may be briefly detailed.

Locally I strongly object to warm applications, such as poultices, and have repeatedly replaced them by that above mentioned, with the greatest relief to the patient. From the first I order the application of an ointment, spread very thickly upon the woolly side of lint; the layer of ointment should be a third of an inch at least in thickness, and should not be pressed too hard upon the part. It is often desirable to place a layer of absorbent cotton outside the lint, and beneath the outside wrap, to make a softer dressing, and to take up any pressure or blow upon the part. This dressing is to be continued from the beginning to the end, being renewed as often as comfort or cleanliness demands.

In regard to the constitution of the ointment, I regard the ergot as an important element, and in certain cases where it was desirable to use it in a greater proportion in the ointment, I have

prescribed the solid extract in place of the fluid, as used in this case. The zinc I believe has also somewhat of an astringent effect, and the rose ointment I regard as superior to ordinary or benzoated ointment, as being much more soothing. Sometimes the heat of the part will be so great as to cause the ointment to melt away rapidly; it may then be made more solid with a greater proportion of white wax, or with the addition of diachylon ointment.

The internal treatment employed in this case was also that which I consider to be of importance in this condition. There can be no question in regard to the power of sulphide of calcium in checking suppuration, and its power is often very strikingly manifested in carbuncles; one-sixth or one-quarter of a grain, given every two hours, is a very valuable aid in their treatment, but the article must be good and efficient, for there is danger lest an inert preparation be employed. When the drug is exposed to the air it changes into the sulphate of lime, or gypsum, which is valueless. It is best, therefore, always to use it in gelatine-coated pills, and these should be frequently tested by cracking them in the mouth.

The mixture of sulphate of magnesia, iron, and sulphuric acid is also important, as I believe, both for its tonic and refrigerant effects upon the skin, and also probably because of the increased amount of sulphur thus introduced in an assimilable form. It acts somewhat as a laxative, and its dose may be increased as required; taken in hot water before breakfast, it generally acts on the bowels very effectually.

It will be seen in this case that no specially supporting treatment was given; the patient was directed to take good, nourishing food, and no stimulants. I am convinced that stimulants would better be avoided when possible, though, of course, in special cases they may be absolutely demanded in order to support life where there is great sloughing and suppuration. I will not occupy time with any extended consideration of the subject of carbuncle and its treatment as presented in literature, as the matter is familiar to all. Many plans of treatment have been suggested, most of them, however, looking in the same direction, namely, toward giving artificial relief to the distended tissues, by incisions, caustic openings, cupping, etc. Some have urged pressure, and various counter-irritants have been suggested, but I can find no mention of such a plan as here presented, of a soothing and astringent ointment being applied from first to last.

In recalling earlier cases in which I had practised free crucial incision, as commonly advised, with subsequent poulticing, and the large slough often formed, with its slow healing and subsequent scarring, together with the attendant pain and discomfort, and comparing them with later cases, treated as here detailed, I am more than convinced that incision should be avoided if possible. I feel confident that absorption frequently takes place through the wounded blood vessels and lymphatics, often inducing blood changes, which does not occur when nature makes the opening, sealing the vessels as it proceeds.

The points of importance in the treatment of carbuncle, as here advocated, may be summed up as follows:

1. The very careful avoidance of all unnecessary irritation of the inflamed surface, as by friction, pressure, handling, squeezing, etc., both during the early and later stages.

2. The avoidance of all warm and moist applications and dressings, such as poultices, etc., from the first to the last.

3. The avoidance of incision, the entire process of opening and discharge of the pus and slough being left to nature.

4. The avoidance of stimulants, except in cases absolutely necessary to sustain life and strength.

5. The perfect protection of the inflamed part, from first to last, by means of an ointment (preferably one containing ergot and zinc) thickly spread upon lint and changed as often as comfort and cleanliness require.

6. The administration from the first of sulphide of calcium in small doses, every two hours, great care being taken to secure an active and strong article, that in gelatine-coated pills being the best.

7. The support of the system, not by stimulant food and medicine, but by securing a healthy performance of the functions of the system, with nutritious and healthful food, with fresh air, and every agency which can aid to this end.

8. The remedies required are an occasional laxative, a slight sedative, such as Dover's powder, at times, to procure sleep, and a refrigerant and tonic, such as is found in a mixture of sulphate of magnesia, sulphate of iron, and sulphuric acid.

The advantages observed to follow this line of treatment may be briefly stated:

1. A comparatively short duration of the entire process.
2. A comparatively small amount of pain.
3. A comparatively small amount of scarring.
4. The avoidance of a surgical operation.
5. The avoidance of detention in bed.

In conclusion I would add, however, that the plan of treatment here advocated is not put forth as that which will invariably be successful, although in my hands it has yielded infinitely better results than any other. The duration of all the cases has been comparatively short—in the case here detailed it was hardly three weeks from beginning to end. Dr. Moore, in Ashurst's surgery, states that the average time of healing in thirty-five cases, in St. Bartholomew's Hospital, was about seven weeks, while several months were sometimes required where the destruction of tissue was large. Certainly the pain

and discomfort attending the cases treated on the plan here proposed has been very slight compared to that in others which I have treated by other methods. I shall look with interest for reports from others who may give trial to this plan of treatment.

Dr. James F. Hibberd, of Richmond, Indiana, cordially indorsed the very valuable paper which had just been read. He formerly treated his patients with all the approved surgical measures recommended for carbuncle, but for more than twenty years he had made no incisions, crucial or otherwise, into a carbuncle. He had also abolished poultices whenever he was allowed to do so. Friends generally believe, however, in poultices, and each one of the family has his favorite one to advocate. About a year ago, Dr. Hibberd was treating a patient who had one large carbuncle on the back of his neck and two small ones near it. It occurred to him to apply oleate of morphia in the hope of mitigating the pain during the further development. The oleate was applied by gentle friction every three hours. Patient returned in forty-eight hours with great improvement and diminution of pain. In four or five days the pain was all gone, and recovery took place without any appearance of suppuration, or breaking of the skin. A small lump alone marked the original seat of trouble. This case was followed by several others, which were treated in the same manner and with the same result.

Dr. Williams, of Nashville, testified to his success in treating carbuncle without incision. He gave one patient half a gallon of whiskey per day. No perceptible effect from the whiskey was observed by the patient until the carbuncle became better, when he perceived the influence of the liquor.

Dr. J. V. Shoemaker, of Philadelphia, has used the following for external application:

℞ Naphthol..... gr. x
Ext. of arnica.... ʒss
Oleate of lead.... ʒiij M.

This produces a very soothing effect. He has failed to obtain such good results with the alkaloid oleates, as have been reported by other observers.

Dr. Savage, of Jacksonville, surrounds every carbuncle with a zone of cantharidal collodion for from one-half to one inch in width; this draws a blister and relieves pain. He makes a small incision, also, if pus has formed. In one case he applied a cantharidal plaster over the whole tumor and extending beyond it, with excellent results. He gives calcium sulphide internally, a quarter of a grain, four times daily.

In closing the discussion, Dr. Bulkley said that he never opens a carbuncle, even when it is full of pus, as shown by fluctuation. He leaves it to nature to supply a free outlet. He thinks that an incision leads to absorption of purulent material and blood poisoning.

MEDICAL PROGRESS.

Incision and Drainage in Hepatic Abscess.—Mr. G. W. Ridley reports the case of a sailor, suffering with abscess of the liver, who came under the care of Mr. Crisp. He had already been aspirated once, and about a pint of pus was drawn off. Mr. Crisp made a free incision, passed a director into the abscess-cavity, the tissues over the most prominent part of the fluctuating mass were freely divided, and more than a pint of chocolate-colored matter was evacuated. A very large drainage tube was then introduced, which penetrated to a depth of about five inches, and a dressing of oakum was applied. The discharge was very profuse at first, and it was necessary to change the dressings twice a day for the first three days; at each dressing the cavity was washed out with a solution of boracic acid. After this the discharge lessened considerably, and the wound was dressed once a day. At the end of a week the patient was allowed to get up; and in four weeks from the date of the operation the wound had entirely healed, and the patient was discharged cured.—*British Medical Journal*, March 7, 1887.

Carbolic Acid in Gastric Disorders.—Dr. Spencer Smyth writes, in the *British Medical Journal*, of April 18, 1885, that he has been in the habit for the past three years of giving carbolic acid, in grain doses, three times daily, for indigestion accompanied by constant acid eructations with pain and vomiting. He has also prescribed it in sea-sickness, and in the vomiting of pregnancy, with good results. It may be given with opiates when there is much gastrodynia, and after meals; also with bismuth, nux vomica, etc., and in cases manifesting gastric ulcer. Patients suffering with flatulence have derived considerable benefit from its use; it being more readily taken than charcoal.

The Orange as a Galactagogue.—A correspondent of the *North Carolina Medical Journal*, of April, 1885, reports an interesting case in which the secretion of milk was greatly stimulated by eating oranges. To test the effect, the fruit was omitted for a few days, when the secretion ceased. It was soon brought on, however, by a return to this fruit diet. If at any time the flow be not free, one or two oranges will increase it very abundantly in an hour or two. Previous to using the oranges the patient gave no milk, and the child was fed artificially.

Gangrene of Jejunum after Compression of Aortic Aneurism.—This case was reported at the meeting of the Royal Medical and Chirurgical Society, on April 14. Digital compression was kept up for four hours and three quarters. The aneurism was cured, but the patient died on the eleventh day from gangrene of the jejunum. —*British Medical Journal*, April 18, 1885.

THE
Journal of American Medical Association.
PUBLISHED WEEKLY.

THE EDITOR of this JOURNAL would be glad to receive any items of general interest in regard to local events, or matters that it is desirable to call to the attention of the profession. Letters written for publication or containing items of information, should be accompanied by the writer's full name and address, although not necessarily to be published. All communications in regard to editorial work should be addressed to the Editor.

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CHICAGO, ILLINOIS.

SATURDAY, MAY 16, 1885.

VOLUNTARY ACCELERATION OF THE CARDIAC BEATS.

TARCHANOFF has recently had an opportunity of studying in detail the phenomena of the cardiac and peripheral circulation on a very interesting subject, Eugène Salomé, a student of medicine in St. Petersburg. This young man possesses the remarkable power of accelerating the beats of his heart to a marked degree by a simple effort of the will; it is sufficient that he shall *will* that the beats be quickened to produce the phenomenon; it cannot in any way be attributed to an indirect influence, either of the respiration or from muscular movements, or to any other cause. He has always had a remarkable power over the muscular movements of his body, moving his ears at pleasure, or flexing the third phalanx of any of his fingers without apparent difficulty.

Tarchanoff's experimental researches into this curious case are recorded in the *Archiv für die gesammte Physiologie*, Bd. xxxv, 109 *et seq.* For the purposes of his study he used Marey's pneumograph to record the respiratory movements, and the Mosso-Franck plethysmograph to record the number of cardiac pulsations and the state of the peripheral circulation; while the Marcel-Desprez electric signal indicated all voluntary movements, and the time was marked by the usual chronometer. The tracings thus obtained showed only insignificant modifications of the respiratory rhythm during an effort of the will; but the number of the cardiac pulsations was very much increased, going from 96 to 123, from 70 to 105, and from 93 to 120. At the same time the plethysmograph attached to the foot showed a manifest diminution of the size of that member; which, in the opinion of the experimenter, may have been due to a peripheral and local constriction of the vessels, or to a diminution in the blood contents of the vessels, of cardiac origin.

In order to decide as to the true cause of this diminution, the experimenter measured the arterial tension in the radial artery by means of von Basch's sphygmomanometer. During the period of repose the pulse being, for example, 76, the pressure oscillated between 105 and 110 mm. of mercury. But during the period of voluntary acceleration, the pulse went up to 110, and the arterial pressure gradually rose from 110 to 112, 115, 118, and 120 mm. of mercury, and remained for several minutes at this height after complete cessation of the voluntary accelerating power. The pulse fell to 76, but the high arterial tension continued for five minutes. The diminution in the size of the foot could not, therefore, be attributed to diminished arterial tension, and should be referred to a peripheral contraction of the vessels.

This increase in the arterial tension appears to be due principally to the vaso-motor action indicated by the plethysmographic curve, and not to the acceleration of the cardiac rhythm. The diminution in the size of the foot and the contraction of its vessels go through the same phases as the increase in the blood pressure: the fall of the plethysmographic curve is seen for several minutes after the cessation of the voluntary acceleration of the pulsations, and disappears during the rise in the arterial tension. There is then no doubt that the act of the will which accelerates the beats of the heart causes at the same time an excitation of the vaso-constrictor centres of the extremities; and that the effect of this excitation persists for a certain length of time after the cessation of the voluntary effort and of the cardiac acceleration.

Just here Tarchanoff seems to have fallen into the error of more than one distinguished clinician. Marey has shown, and other experimenters have confirmed his observations, that an increase in arterial pressure causes a slowing and not an acceleration of the cardiac pulsations; hence his conclusion that the acceleration of the cardiac beats is due to an increase in the arterial tension is necessarily wrong. It is very well known that Schapiro, Friedmann and Thomayer

have shown that the arterial tension is increased in horizontal decubitus, and decreased in the upright position, while the increase and decrease of the heart beats are directly the reverse.

The constriction of the vessels of the foot was accompanied by a similar constriction of the vessels of the hand, as was shown by thermometric measurements; the temperature fell 1° or 2° C., while there was at the same time a slight elevation of the facial temperature; vaso-motor phenomena similar to those which accompany any violent nervous excitation—contraction of the peripheral vessels coinciding with a tendency toward congestion of the vessels of the head. The vaso-motor system of this interesting subject also showed an exaggerated impressibility. Tarchanoff enumerates some of the influences which diminish this extraordinary power possessed by M. Salomé: these are muscular and cerebral fatigue, sexual excess, hot drinks, a long Russian bath, insomnia, the abuse of tobacco, and the repetition of the act several times at short intervals. The administration of liquor potassæ arsenitis increased his power over his heart. Professor Botkin, who made a thorough physical examination of the subject, found that the beat was feeble during the period of acceleration. The sphygmographic tracings taken from M. Salomé show a manifest enfeeblement of the cardiac pulsations; and the dicrotism and tricrotism of the pulse are more marked during the acceleration. All the characteristics of the sphygmographic tracings were similar, in every respect, to those taken from a person who has been for some time in a Russian bath; and the number and force of the cardiac pulsations under the influence of a high temperature correspond exactly to the phenomena seen in this case. But the circulatory phenomena observed in this case presented none of the peculiarities which characterize the moderating action of the pneumogastric, or the suspension of its inhibiting power. It seems probable, therefore, that the cerebral hemispheres of this subject act directly upon the cerebellar centres of cardiac acceleration, and on the vaso-motor centres.

OFFICIAL RECORD OF THE PROCEEDINGS OF THE THIRTY-SIXTH ANNUAL MEETING OF THE AMERICAN MEDICAL ASSOCIATION.

We have given a large amount of space in the the present number of the JOURNAL to the record of proceedings of the recent meeting of the Medical Association in New Orleans, as furnished by the Permanent Secretary.

We have thought it best to publish the whole in one number of the JOURNAL because it would be much more convenient for reference; and we have further added to its value and convenience for this purpose, by giving the postoffice address of the officers of the Association, and of each of the Sections, instead of simply giving the states in which they belong, as furnished by the Secretary. For the same purpose, we have also added the postoffice address of each of the members of the committee appointed to act with the original Committee on the Organization of the International Medical Congress of 1887—except the member from Dakota, whose residence we could not find.

Patience:—Our readers must exercise a little of this Christian virtue in relation to the tardy appearance of the JOURNAL. As we have before stated, a few weeks since the printing office in which the JOURNAL had been printed was pretty effectually consumed by fire. And, although the work on the JOURNAL was speedily resumed in another printing establishment, yet an important amount of both materials and time had been lost, and since that time we have been compelled to mail each number one or two days after its date. We have the strongest assurances that this evil will be wholly remedied soon.

THE ROLE OF CARBONIC ACID IN ASPHYXIA.

On October 11, 1884, M. Brown-Séquard reported to the Société de Biologie, that he had concluded from a number of experiments that asphyxia depends only on the inhibiting power of carbonic acid over the excito-motor function of the respiratory centres. On October 18, however, M. BERT replied to this statement, and asserted that he believed that the true cause of the convulsions in asphyxia is the deprivation of oxygen; this opinion was founded upon the fact that convulsions ensue when animals are deprived of oxygen, and when there is no variation in the amount of the carbonic acid; and furthermore, they do not appear when there is an accumulation in the organism of toxic doses of the acid. If the acid be an excitant of the nervous centres the effects should ensue when there is a slow accumulation; which is not the case. He thought it certain that the phenomena of inhibition described by Brown-Séquard were capable of another interpretation.

SOCIETY PROCEEDINGS.

THE AMERICAN MEDICAL ASSOCIATION.

Official Record of the Thirty-sixth Annual Meeting, held on April 28, 29, 30, and May 1, 1885.

TUESDAY, APRIL 28, FIRST DAY.

The Association assembled on April 28, 1885, at 11 A.M., in Tulane Hall, New Orleans, and was called to order by Dr. Samuel Logan, chairman of the Committee of Arrangements. After a prayer by Rev. B. M. Palmer, D.D., the chairman introduced the President, Dr. Henry F. Campbell, of Georgia.

Vice-Presidents Dr. J. S. Lynch, of Maryland, Dr. J. W. Parsons, of Vermont, and H. C. Ghent, of Texas, the Permanent Secretary, Dr. W. B. Atkinson, of Pennsylvania, the Treasurer, Dr. R. J. Dunglison, of Pennsylvania, and the Assistant Secretary, Dr. W. H. Watkins, of New Orleans, were present.

DR. SAMUEL LOGAN, on behalf of the Committee of Arrangements, delivered the following

ADDRESS OF WELCOME.

Mr. President and Gentlemen of the American Medical Association,—Your organization having now been duly effected under the officers chosen at your last meeting to preside over your deliberations on this occasion, it becomes my pleasing duty, in behalf of my confreres of New Orleans as well as in the name of my other fellow-citizens, to extend to you a cordial welcome—a welcome as genial as the clime we live in, tempered by the balmy breezes of the "Mediterranean of the West"—a welcome as deep and full as the placid river whose steady current brings us constant messages of kinship and of union from so vast an extent of our common country.

Represented in this mighty Mississippi at our side are streams that come from great cities dotting at frequent intervals its fertile valleys; from village after village whose church towers peep through the foliage of its vast expanse of sloping background; from the lordly country seats and rustic homes; from the meadows, fields, and forests; from the prairies, steppes, and rugged mountain sides of half a continent! Concentered in its current flow the streams that come from all this great extent of territory—wonderful in its variety of soil, of climate, of scenery, and of productions. So, gathered in this hall, I see before me representative detachments from a brotherhood that compasses a still wider scope. You have come to us, not only from the vast area embraced within the thousand arms of this great river, but also from the rocky coasts, the rugged hillsides, and the smiling valleys and snow-capped mountains of the populous East; you have come from the sandy shores, the piny plains, and rolling highlands of the Atlantic slope; you have come from the Sunny Southland, with its extended fields of snowy cotton, its vine-entangled forests bedecked with a drapery of waving moss, and its semi-tropic shores and numerous islands, laved in the tepid waters of the Gulf; from the distant ultra-montane regions of the Pacific have you come, crossing the backbone of the continent, and speeding over the arid desert on your errand of brotherhood in a noble cause. From North, from East, from South, from West, you come to meet in council for that common cause. Workers yourselves, and representing thousands of fellow workers, you assemble here to report progress, and by personal contact to stimulate each other to still further efforts in behalf of scientific medicine. Welcome, welcome for your cause, as also for yourselves.

Scientific medicine is the application of knowledge of all kinds—that is, of science—to the physical, the mental, and the moral benefit of mankind.

Science unapplied, or applied only to the gratification of personal vanity or personal taste, is cold and soulless; use it for man's best interests and it becomes elevated to the dignity of a religion. Excuse the boldness of the assertion, but I venture to repeat and to emphasize my definition. This application of knowledge to man's highest interests on earth is the religion of science—an eminently practical religion, showing itself by its works; a religion which, humble though it be, and fully conscious of its imperfections, still struggles with its best efforts to do good; a religion which asserts its fallibility, and by that very assertion holds out an assuring promise of continued improvement; a religion which, *ex necessitate rei*, can have no set creed; for, modified by the ever increasing fund of abstract knowledge, its intellectual formulæ must change accordingly; while its benevolent work goes on, forever improving with the accumulating knowledge of the ages. Assembled representatives of the priesthood of this religion, almost coeval with man's advent on earth, and destined to endure even to the "last syllable of recorded time," whose votaries are confined within no limits of country, of nationality, of race or creed, we are proud to welcome you among us. May your stay with us be pleasant, and may your deliberations and your conferences be worthy of this great cause so dear to the heart of humanity.

More than a decade has elapsed since we of New Orleans enjoyed this privilege. During that time your work has gone bravely on, and your numbers have greatly increased. But the places of many old and honored members whom we, who are now in turn growing gray in the harness, so well remember at the last meeting here, are filled by younger men, while many have passed from earth. Excuse us if the joy of our welcome be mellowed by our sorrow for their absence.

The meeting I allude to was an era in the history of our Association. A sad interval had occurred; civil war had cast its blight over the land, and its shadow still darkened our lives and unduly embittered our hearts. Then came the

time when one who commanded the respect and admiration of all saw the happy opportunity for one more act of far-reaching good. He, of all others, best knew how to utilize that opportunity. Through his personal influence, so magically genial, yet so firm, he wrought out the too long deferred reconciliation in our ranks. Starting with the advocacy of a distinguished Alabamian for your highest office and seeing him elected, he next, aided by his distinguished pupil—one whom you have also since honored in like manner, and in honoring whom you have honored us—he caused the selection of this metropolis of the South as the fit scene for the happy consummation of his heart's desire. The deed was done. For to such an invasion under such a leader in such a cause, we could offer no resistance. With an almost paternal authority he gathered his children around him once more in the common household, and taught us to work together again in peace and amity. He lived to see the full fruition of his labor of love, but has gone at last full of honor to his rest. Again we meet in this hall, hallowed by his dearest memory; and again have you honored with your highest gift another distinguished southerner. Would, Mr. President, he were with our other ex-presidents at your side on this occasion. To few, indeed, is it given to be great in heart as well as brain; but were we asked to point from our ranks a single instance of this happy combination, what name would spontaneously start from every lip but that of Samuel D. Gross? May his well spent life prove an ever fruitful example for the young men of our profession, and may his noble spirit be ever present with us all, to bind us with an enduring bond of brotherhood.

By invitation, ex-Presidents Dr. N. S. Davis, Dr. T. G. Richardson, and Dr. J. M. Toner took seats on the platform.

Vice-President Dr. J. S. Lynch, of Maryland, took the chair, and the President delivered the annual address. (See JOURNAL, May 2, 1885.)

On motion of Dr. W. Brodie, of Michigan, thanks were tendered the President for his able address, and it was referred for publication.

On motion of Dr. I. N. Quimby, N. J., a committee of five was appointed to take into consideration and report on the suggestions of the President in regard to forensic medicine.

Dr. T. G. Richardson, La., on behalf of Dr. A. Flint, of N. Y., who was absent, read the report of the committee on the death of Prof. S. D. Gross, M.D. On motion, this report was accepted, and referred for publication. (See JOURNAL of May 9, p. 527.

DR. J. S. BILLINGS, U.S.A., reported the complete success of the effort to obtain an appropriation from Congress for fire-proof buildings for the Army Medical Museum and Library, and that building operations will soon be commenced.

On motion, the report was received.

Dr. Billings further reported on behalf of the committee to invite the International Medical Congress to meet in the United States in 1887, as follows:

WASHINGTON, D. C., April, 1885.

TO THE PRESIDENT OF THE AMERICAN MEDICAL ASSOCIATION:

Sir,—I am directed by the Executive Committee of the Ninth International Medical Congress, to be held in Washington, 1887, to present to the American Medical Association a copy of the preliminary rules and regulations adopted by the General Committee of Organization of said Congress, together with lists of the officers and members of the several councils of sections thus far elected. You will observe that the President of the American Medical Association is designated to be *ex officio* one of the vice-presidents of the Congress.

In accordance with the resolution passed by the Association at its Washington meeting last year, the committee appointed for that purpose met at Copenhagen in August last, during the meeting of the International Medical Congress, and presented the invitation with which it was charged.

This invitation having been accepted, the committee met in New York on the 9th of October, and, in accordance with its instructions, proceeded to enlarge its number by appointing additional members representing the medical profession in different parts of the country.

The General Committee thus organized met in Washington on the 29th of November, and perfected its organization by the election of officers and by passing certain preliminary rules and regulations for the organization of the Congress. The work of organization was then taken up by the Executive Committee, and was continued by means of correspondence with the General Committee, the results being contained in the pamphlet herewith presented, which has been widely republished in the journals.

Copies of this pamphlet, translated into French and German, have been extensively circulated abroad, being sent to the leading medical journals in every civilized country.

The Committee of Finance is now engaged in perfecting its organization, and in preparing a comprehensive plan for raising the funds necessary to carry out the work, and the officers and councils of the several sections are now engaged in the consideration of programmes for the work of their respective sections.

It is anticipated that within the next six months these programmes will be approximately completed, and that at the meeting of the General Committee to be held in Washington, about the 1st of May next year, the arrangements for the Congress will be in an advanced and definite shape for presentation and publication.

Very respectfully, your obedient servant,

JOHN S. BILLINGS, *Secretary-General.*

On motion of Dr. J. M. Keller, Ark., the consideration of this report was made the special order for Wednesday at 12 M.

The Permanent Secretary offered the report of Dr. A. L. Gihon, U.S.N., on the

MONUMENT TO DR. BENJAMIN RUSH.

On motion of Dr. Toner, it was deferred until Friday, at 10 A.M.

The Chairman of Committee of Arrangements presented several volunteer papers, which on motion were referred to the section on surgery.

He presented the following list of persons to be invited to seats with the Association: Dr. Edward Jones; Dr. A. B. Miles; Dr. C. J. Bickham, of New Orleans, La.; Prof. A. E. Foote, M.D., of Philadelphia; Dr. J. J. Gauthereaux, Welcome P. O., La.; Dr. Jas. R. Scarborough, Clinton, Ky.

On motion, these gentlemen were invited to seats.

Invitations from the Bureau of Education at the Exposition and the Young Men's Christian Association were received.

DR. R. A. KINLOCH, of South Carolina, by request of the South Carolina Medical Association, presented a communication relative to the discovery of the

ANÆSTHETIC PROPERTIES OF ETHER.

On motion of Dr. R. B. Cole, of California, the matter was referred to the section on Practice of Medicine and Materia Medica for consideration and report to the Association.

On motion, the Association adjourned until Wednesday at 10 A.M.

WEDNESDAY, APRIL 29, SECOND DAY.

The Association was called to order at 10 A.M. by the President, HENRY F. CAMPBELL, M.D., and prayer was offered by Rev. J. K. Gutheim, D.D. The Permanent Secretary then read the following:

MONTGOMERY, ALA., April 28, 1885.

For reasons that I could not control, I find it impossible to be with you. I trust that you may have a pleasant and prosperous meeting.

W. O. BALDWIN.

Also a telegram from Dr. C. H. Von Klein, Ohio, asking that his amendments be laid over in his absence. Both were directed to be entered on the minutes.

The Permanent Secretary called the roll of states and announced the following as constituting the

COMMITTEE ON NOMINATIONS.

Alabama, Jerome Cochrane; Arkansas, L. P. Gibson; California, R. Beverly Cole; Dakota, W. E. Duncan; District of Columbia, A. Y. P. Garnett; Florida, J. P. Wall; Georgia, R. J. Nunn; Illinois, J. H. Hollister; Indiana, L. D. Waterman; Iowa, D. W. Krouse; Kansas, G. R. Baldwin; Kentucky, B. L. Coleman; Louisiana, T. G. Richardson; Maine, S. C. Gordon; Maryland, John Morris; Massachusetts, C. H. Shackford; Michigan, H. O. Walker; Minnesota, J. H. Murphy; Mississippi, J M. Taylor; Missouri, L. G. Attwood; New Hampshire, J. W. Parsons; New Jersey, W. Pierson; New York, C. C. Wyckoff; North Carolina, O. H. Aiken; Nebraska, R. C. Moore; Ohio, W. H. Phillips; Pennsylvania, R. S. Sutton; Rhode Island, W. E. Anthony; South Carolina, R. A. Kinloch; Tennessee, Duncan Eve; Texas, J. B. Robertson; Vermont, E. F. Upham; Virginia, J. A. White; West Virginia, J. H. Pipes; Wisconsin, S. S. Riddell; Wyoming, J. J. McAchran; United States Army, Jos. R. Smith; United States Navy, Geo. Peck; United States Marine Hospital Service, J. Godfrey.

DR. H. D. DIDAMA, of New York, Chairman of that Section, delivered the address on Practical Medicine, Materia Medica, and Physiology. On motion, it was referred for publication.

DR. R. S. SUTTON, of Pa., Chairman of the Section, delivered the address on Obstetrics and Diseases of Women. On motion, it was also referred, and thanks were tendered for the address.

DR. W. C. VAN BIBBER, of Md., then read in part a paper on "Peninsular and Sub-Peninsular Air and Climate." (See p. 536.)

It being the hour for special business, Dr. X. C. Scott, of Ohio, raised the point of order that the reading must be suspended. The President rule hat the special business was in order, and the further reading was suspended.

The

REPORT ON THE INTERNATIONAL MEDICAL CONGRESS

was then taken up, and Dr. J. V. Shoemaker, of Pa., made an earnest protest against the report of the committee.

Vice-President, DR. J. S. LYNCH, of Md., then took the chair, and DR. F. E. DANIEL, of Texas, offered the following preamble and resolution:

WHEREAS, At the last meeting of the American Medical Association, a committee of seven members was appointed to confer with the International Medical Congress, at Copenhagen, with the view to securing the next meeting of that body, in 1887, in Washington, D. C., and for the purpose of arranging for said meeting; and,

WHEREAS, This committee, after having accomplished said object, have proceeded, without authority from this body, to appoint the several officers of sections and committees, which appointments have been published in detail in the JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION, and other publications, thus acquiring the color and aspect of the official action of this Association; and,

WHEREAS, This Association recognizes said committee as a Committee of Arrangements only, and approves of its action only in so far as the duties of the Committee of Arrangements have been discharged, declines to indorse or accept the said appointments as published in said journals—therefore be it

Resolved, That the Committee on Nominations be instructed to proceed to select and present to this body for its approval, first a president and the various officers of committees and sections for said approaching meeting of the said International Medical Congress.

After discussion by Dr. Billings, Drs. J. F.

Gabriel, of Ohio, I. N. Quimby, of N. J., and Dr. J. M. Keller, of Ark., offered as a substitute the following:

Resolved, That the committee appointed by this Association to arrange for the meeting of the International Medical Congress in America, in 1887, be enlarged by the addition of thirty-eight members, one from each state and territory, the army, navy, and marine hospital service, to be appointed by the chairman at this meeting, and that the committee thus enlarged shall proceed at once to review, alter, and amend the motions of the present committee as it may deem best.

Further discussion was had by Dr. Cole, of Cal., Dr. King, of Mo., and Drs. Shoemaker and Daniel, when Dr. D. D. Saunders, of Ohio, offered the following as a substitute:

Resolved, That the actions of the International Congress Committee, so far as they have gone, be approved by this body, provided all new-code men be left out.

This resolution was discussed by Drs. J. B. Roberts, of Pa., A. R. Smart, of Mich., and H. C. Ghent, of Texas, when a motion to adjourn was offered, and lost by a vote of 44 to 360. Dr. Saunders' substitute was then rejected by a vote of 88 to 129.

Dr. Keller's motion was then adopted, with the amendment offered by Dr. Byrd, of Arkansas, that the members of the committee should be selected by the respective state delegations.

The Association then adjourned until Thursday, at 10 A.M.

THURSDAY, APRIL 30, THIRD DAY.

The PRESIDENT called the Association to order at 10 A.M., and prayer was offered by Rev. H. H. Waters, D.D.

The Committee of Arrangements presented an invitation from Mrs. T. G. Richardson, to members of the Association and their ladies, to visit her grounds and conservatories at their convenience; from the Young Men's Christian Association to use their rooms; and from the Board of Regents of the Charity Hospital to visit their institution.

Dr. Wm. Brodie, of Michigan, having called for the reading of the roll of members as registered, on motion of Dr. J. M. Toner, of D. C., it was dispensed with.

Dr. Potter called up the amendment to the by-laws as offered by Dr. Foster Pratt at last session, empowering the sections to select their own officers, and Dr. J. F. Hibberd, of Ind., moved its adoption. Dr. N. S. Davis, of Ill., offered an amendment that it be laid over for consideration at the next session; this was accepted by Dr. Hibberd, and on vote was adopted.

DR. N. S. DAVIS presented the report of the standing committee on Meteorological Conditions and their Relations to the Prevalence of Disease. On motion of Dr. Brodie the report was received and referred for publication, and the committee was continued.

Dr. N. S. DAVIS also presented the report on

COLLECTIVE INVESTIGATION OF DISEASE

in coöperation with the committee of the British Medical Association.

The report stated that these special investigations into disease were going on in nearly all the European countries, India, the United States, and South America. The committee recommended that they be authorized to continue their correspondence with the committee of the British Association and the committee of the International Congress, and that the detailed work be carried on by committees appointed by state societies coöperating with the Central Committee and General State Committee. The Central Committee would act as the medium of communication between the local and foreign committees. The recommendation was adopted.

DR. DAVIS also reported for a special committee on explanatory declarations concerning the proper interpretation of the Code of Ethics, appointed at the meeting of May, 1884. The committee submitted the following preamble and resolutions:

WHEREAS, Persistent misrepresentations have been and still are being made concerning certain provisions of the Code of Ethics of this Association, by which many in the community, and some even in the ranks of the profession are led to believe those provisions exclude persons from professional recognition simply because of differences of opinions or doctrines; therefore

1. *Resolved*, That clause first, of Art. IV, in the National Code of Medical Ethics, is not to be interpreted as excluding from professional fellowship, on the ground of differences in doctrine or belief, those who in other respects are entitled to be members of the regular medical profession. Neither is there any other article or clause of the said Code of Ethics that interferes with the exercise of the most perfect liberty of individual opinion and practice.

2. *Resolved*, That it constitutes a voluntary disconnection or withdrawal from the medical profession proper, to assume a name indicating to the public a sectarian, or exclusive system of practice, or to belong to an association or party antagonistic to the general medical profession.

3. *Resolved*, That there is no provision in the National Code of Medical Ethics in any wise inconsistent with the broadest dictates of humanity, and that the article of the Code which relates to consultations cannot be correctly interpreted as interdicting, under any circumstances, the rendering of professional services whenever there is a pressing or immediate need of them. On the contrary, to meet the emergencies occasioned by disease or accident, and to give a helping hand to the distressed without unnecessary delay, is a duty fully enjoined on every member of the profession, both by the letter and the spirit of the entire Code.

But no such emergencies or circumstances can make it necessary or proper to enter into formal

professional consultations with those who have voluntarily disconnected themselves from the regular medical profession, in the manner indicated by the preceding resolution.

N. S. DAVIS, of Chicago,
A. Y. P. GARNETT, of Washington,
H. F. CAMPBELL, of Augusta, Ga.,
AUSTIN FLINT, of New York,
J. B. MURDOCK, of Pittsburgh.

On motion of Dr. Brodie, the resolutions were unanimously adopted.

On motion of Dr. Keller, it was unanimously agreed that the resolutions be added as an explanatory addendum in all future publications of the Code.

By request of Dr. J. B. Hamilton, U. S. Marine Hospital Service, the

ADDITIONAL COMMITTEE ON INTERNATIONAL MEDICAL CONGRESS

was read, as follows:

D. A. Linthicum, Helena, Ark.; G. A. Ketchum, Mobile, Ala.; R. B. Cole, San Francisco, Cal.; Charles Denison, Denver, Colo.; A. Y. P. Garnett, Washington, D. C.; L. P. Bush, Wilmington, Del.; R. Battey, Rome, Ga.; E. P. Cook, Mendota, Ill.; F. W. Beard, Vincennes, Ind.; Wm. Watson, Dubuque, Iowa; D. W. Stormont, Topeka, Kas.; W. H. Wathen, Louisville, Ky.; J. W. Dupree, Baton Rouge, La.; S. C. Gordon, Portland, Me.; A. H. Wilson, South Boston, Mass.; J. S. Lynch, Baltimore, Md.; A. R. Smart, Hudson, Mich.; Geo. F. French, Minneapolis, Minn.; J. M. Taylor, Corinth, Miss.; N. F. Essig, Plattsburg, Mo.; Wm. Pierson, Orange, N. J.; Ellsworth Elliot, New York, N. Y.; J. W. Parsons, Portsmouth, N. H.; R. C. Moore, Omaha, Neb.; X. C. Scott, Cleveland, Ohio; J. V. Shoemaker, Philadelphia, Pa.; W. E. Anthony, Providence, R. I.; R. A. Kinloch, Charleston, S. C.; F. L. Sim, Memphis, Tenn.; J. W. McLaughlin, Austin, Texas; E. F. Upham, West Randolph, Vt.; W. C. Dabney, Charlottesville, Va.; G. Baird, Wheeling, W. Va.; Nicholas Senn, Milwaukee, Wis.; Robert Murry, U. S. Army, Washington, D. C.; F. M. Gunnell, U. S. Navy, Washington, D. C.; J. B. Hamilton, U. S. Marine Hospital Service, Washington, D. C.; W. E. Duncan, Dakota Ter.

DR. DUNCAN EVE, of Tennessee, Chairman of the Section, delivered the address in Anatomy and Surgery, and on motion, it was referred for publication.

On motion of Dr. Toner, the paper partially read by Dr. Van Bibber was referred to the Committee on Publication.

Vice-President DR. S. D. MERCER took the chair. By request of Dr. E. W. Schauffler, of Mo., Chairman of that Section, the address on State Medicine was referred without reading.

The Permanent Secretary read the report of the Treasurer, which, on motion, was accepted and entered on the minutes as follows:

REPORT OF THE TREASURER.

I have the honor to report that the balance in the treasury at this date is $932.11. The total receipts for the fiscal year have been $17,093.26, being an increase of nearly $3,200 over those of last year. The new source of revenue instituted by the Association at its last meeting at Washington, in the establishment of a membership by application, has resulted in the addition of 125 names, thus materially adding to the numerical and financial strength of the Association. It is believed that when this method of joining the Association becomes more generally known to the profession, it will—especially if properly placed before it by the Treasurer in the shape of circulars and forms of application—become of still greater importance to this body, particularly in regions so distant from the usual places of meeting as often to preclude medical men from personal attendance.

RICHARD J. DUNGLISON, M.D.,
April 30, 1885. *Treasurer.*

DR. RICHARD J. DUNGLISON, TREASURER, IN ACCOUNT WITH THE AMERICAN MEDICAL ASSOCIATION.

1884.	CREDIT.		
May 6.	To Cash balance, as per report at Washington meeting	$2,212.07	
" 6.	To Cash received from members and delegates at Washington meeting	6,135.00	
1885.			
April 28.	To Cash received to date for dues from permanent members and subscribers	2,910.00	
" 28.	To Cash received to date for dues from members by application	625.00	
" 28.	To Cash received to date from Dr. J. H. Hollister, Chicago, Treasurer of the Board of Trustees of the JOURNAL	5,144.69	
" 28.	To Cash received from sale of volumes	66.50	
			$17,093.26
1884.	DEBIT.		
May 9.	By Cash paid Dr. A. Y. P. Garnett, Chairman Com. of Arrangements, Washington Meeting	$252.50	
" 9.	By Cash paid Riggs & Co., exchange on draft	5.50	
" 19.	By Cash paid Dr. R. J. Dunglison, Treasurer, expenses of travel, postage, expressage, telegrams, etc., as per order of the Association	46.75	
" 19.	By Cash paid Wm. F. Fell & Co., stamped envelopes, printing of circulars, etc.	30.00	
" 20.	By Cash paid Wm. F. Fell & Co., printing slips, postals, stamped envelopes, postage, etc.	37.70	
" 26.	By Cash paid Dr. Wm. B. Atkinson, Permanent Secretary, expenses of travel, expressage, etc.	31.00	
" 30.	By Cash paid T. K. Collins, printing circulars, bills, blanks, register, etc., for Permanent Secretary, 1882 and 1883	50.75	
June 12.	By Cash paid Dr. C. H. A. Kleinschmidt, Librarian, for use of library, as per order of the Association	200.00	

June	28.	By Cash paid Wm. F. Fell & Co., printing slips, blanks, etc.	$ 13.75
July	23.	By Cash paid T. K. Collins, printing circulars, envelopes, etc., and stamped envelopes for Permanent Secretary	54.75
Aug.	18.	By Cash paid Dr. R. J. Dunglison, Treasurer, postage, expressage, freight, printing, addressing circulars, etc., to date	34.78
"	29.	By Cash paid Wm. F. Fell & Co., printing circulars. cards, noteheads, stamped envelopes	22.00
"	29.	By Cash paid Wm. F. Fell & Co., stamped envelopes, printing slips, cards, etc.	7.30
Oct.	1.	By Cash paid Wm. F. Fell & Co., printing cards and slips; stamped envelopes	15.90
Dec.	11.	By Cash paid Dr. J. M. Browne, Treasurer of Committee on International Medical Congress, as per order of the Association	200.00
1885.			
Jan.	3.	By Cash paid Dr. R. J. Dunglison, Treasurer, postage, expressage, printing, etc., to Dec. 31	72.57
"	17.	By Cash paid Wm. F. Fell & Co., printing	13.15
Feb.	7.	By Cash paid Wm. F. Fell & Co., printing circulars, etc.; stamped envelopes	12.00
April	15.	By Cash paid Dr. J. M. Browne, Treasurer of Committee on International Medical Congress, as per order of the Association	200.00
"	25.	By Cash paid Dr. Richard J. Dunglison, Treasurer, postage, telegrams, stationery, etc., to date	45.68
		By Cash paid Dr. Wm. B. Atkinson, Permanent Secretary, expenses, telegrams, postage, expressage, travel.	56.54
1884.			
April	28.	By Cash paid Dr. N. S. Davis, Editor, for publication expenses of the JOURNAL to date	11,427.53
"	28.	By Cash paid Dr. N. S. Davis, Editor, for editorial work on the JOURNAL to date	3,331.00
"	28.	Balance	932.11
			$17,093.26

NEW ORLEANS, April 30, 1885.

This certifies that I have carefully examined the preceding accounts of the Treasurer, R. J. Dunglison, embracing the receipts and expenditures on account of the American Medical Association for the year 1884–5, and find them accurately cast and properly vouched, the receipts amounting to $17,093.26, the expenditures amounting to $16,161.15, the balance being $932.11.

ALONZO GARCELON,
Auditor.

The Librarian's report not being at hand, on motion he was directed to forward it to the editor of the JOURNAL.

DR. J. M. TONER, President of the Board of Trustees, presented the following report:

The trustees for publishing the Transactions of the American Medical Association in journal form, beg leave to submit their

ANNUAL REPORT OF THE TRUSTEES.

It will be borne in mind that the annual meetings of the Association are not governed by fixed dates, the time depending upon the place of meeting, while the JOURNAL year dates annually from the 1st of July. Hence the report submitted at the last annual meeting could only cover the work of the first, second, and third quarters of the first year of the JOURNAL's publication. The present report embraces the transactions of the Board during the fourth quarter of the first year of the JOURNAL's publication, and the first, second, and third quarters of its second year.

The questions which confronted us as we entered upon our work were of no ordinary magnitude. You asked at our hands the publication of a weekly journal which should do credit to the Association. We were without capital—without the moneyed interests which elsewhere lie back of journalistic ventures; and, happily, we had not the power to incur indebtedness. The average receipts of your treasury in former years would not have defrayed the expenses of such a journal for more than one-third of a single year. But in the confident belief that the medical profession would sustain the enterprise, you bade us go forward. We have been obedient to your command, and we think that the results set forth in this report will show that the responses of the profession have met expectation.

In the careful supervision of the publication and the exercise of a rigid economy, so necessary to its success, we wish to place on record our high appreciation of the services of the editor, Dr. N. S. Davis. And that his services and the financial condition of the JOURNAL may be rightly appreciated, we deem a few words in explanation necessary. You are aware that in the publication of a journal a large part of the cost for labor and materials must be paid *at sight*. For such expenses it was our first and anxious thought to provide. The money needed for the work was, as yet, largely in the hands of subscribers, and bills for advertising were only available at the completion of contracts. There was a critical period in this enterprise, but we are happy to predict that, if the Association shall rigidly husband its resources in the future, no such a crisis need again occur. Our printing bills and current expenses of every kind have been paid.

And now as to the editorial management. It is true you voted to place at the disposal of the trustees $6,000 for editorial work. But no such sum has been at our command for that purpose. It only remained for us to make the best use we could of *what we had*. The editor, therefore, employed only such assistance as we could pay for, and the simple reason why the JOURNAL did not

represent a larger amount of editorial work and a wider range of medical correspondence was because we had not the money for their employment. The editor has therefore bestowed his own time and employed assistance to such extent as our means would permit, steadily adhering to the purpose that the JOURNAL should not fail or be involved in harassing debt. The receipts of the JOURNAL have enabled us to compensate the editor and his assistants to *his* full satisfaction. Thus we are able to report, at the close of its second year, that your JOURNAL is free from debt.

We are happy to state also that the JOURNAL has created and now commands an income which, if not diverted elsewhere, will enable us to encourage the editor, as he has so much desired, to employ a requisite corps of assistants, and secure such home and foreign correspondence as shall entitle the JOURNAL to rank with the foremost medical journals in the land. To acquaint you more fully with the financial condition of the JOURNAL, we here submit a portion of the editor's report:

"In the report made to the Board of Trustees at the annual meeting in Washington, May, 1884, it was stated that up to March 31, 1884, the whole number of names of permanent members of the Association, reported at the publication office by the Treasurer as entitled to the JOURNAL, was 2,069, and at the same time there were in addition 1,202 receiving the JOURNAL as subscribers, making an aggregate of 3,271. On the 31st of March, 1885, the number of names of permanent members reported by the Treasurer as entitled to the JOURNAL, had increased to 3,050, while the number receiving it as subscribers had diminished to 850—making the aggregate number receiving the JOURNAL as paying members and subscribers at the end of the third quarter of the second year of publication, 3,900, an increase during the year of 629.

"It will be seen that the increase of paying members, as reported by the Treasurer, for the year ending March 31, 1885, is 981, while those standing as subscribers had decreased during the same period 352, leaving the net increase as before stated, 629. The apparent decrease of subscribers is caused almost entirely by the transferrence of the same parties to the list of permanent members. Many of them came in as new members, at the meeting in May last, at Washington, and others have become members since then by *application*.

"The list of the latter is increasing daily. Besides the distribution of the JOURNAL to members and subscribers, 120 copies are required to supply exchanges, correspondents, and advertisers, making the total weekly circulation of the JOURNAL on the 31st of March, 1885, 4,020. The whole number published each week is 4,200, leaving a surplus of 180 copies to supply deficiencies in the files of members and subscribers, a few extras to valuable contributors, etc.

"Secondly, as to *Receipts:* While examining the receipts at the office of publication, it should be kept in mind that all members of the Association, with only a few exceptions, pay their dues directly to the Treasurer of the Association, leaving only the receipts from subscribers and advertisers to be paid at the office of publication. From these two sources just mentioned there have been received at the office of publication during the year ending March 31, 1885,—which includes the last quarter of the first year of the publication of the JOURNAL, and the first three quarters of second year—the sum total of $6,172.57. Of this sum, $3,127.92 was for advertising, and $3,044.65 was from subscribers. Of the $6,172.57 received during the year, $3,258.14 was from the assets belonging to the *first* year of publication of the JOURNAL, and $2,914.43 from subscriptions and advertisements belonging to the second year; of the latter $1,145.45 was from subscribers, and $1,768.98 from advertisers. There remain for collection as assets of the second year of publication, all the proceeds of the advertising columns of the third and fourth quarters of the second year, which will be about $2,000. And the unpaid subscriptions of nominally $3,000 more. Allowing a liberal per cent. of loss on the last-named sum it would leave the probable income at the office of publication for the second year, ending June 30, 1885, of not much less than $6,000.

"For the amount paid to the Treasurer by our 3,050 permanent members of the Association, we must rely upon the report of that officer. If all pay their dues or membership fees of $5 each, the receipts will aggregate from that source some $15,250, and a total *income* from all sources for the second year of publication of over $21,000.

"Thirdly, as to *Expenses:* The total cost for publishing the JOURNAL during the year ending March 31, 1885, including everything except editorial salary, was $12,120.18; of which $2,907.42 was for the fourth quarter of the *first* year of publication, and $9,150.52 for the first, second, and third quarters of the second year ending March 31, 1885. Allowing the same ratio of publication expenses for the fourth quarter of the present year which will conclude Vol. IV, ending June 31, 1885, the total cost of publication of the JOURNAL for the second year, not including pay for editorial work, would be $12,160.52, being $1,971.73 more than the cost of publication for the first year.

"A large part of this increase, however, is occasioned by the printing of the triennial list of the names of the permanent members, and the publication of the 1,000 extra copies of the Constitution, By-Laws, Code of Ethics, and Proceedings of the last Annual Meeting for the use of new members, as directed by vote of the Association. The remainder of the increase is due to the increase of the edition and the advertising pages. The cost of publication proper for the first year, ending June 30, 1884, was $11,078.68, and for the editorial department, $3,067.12; mak-

ing the *total* expenses of the first year, $14,145.80.

"At the annual meeting of this Association in Washington, May, 1884, it was stated both in the report of the Treasurer, and of the Editor of the JOURNAL, that the actual receipts for membership dues for 1883, and from advertisers and subscribers during the first three quarters of the JOURNAL year were $13,017.25. In the editor's report it was further stated, that there remained due and unpaid from subscribers whose original pledges of support were on file in the office of publication, and from advertising during the third and fourth quarters of the *first* year, an aggregate of $5,100, which, if paid, would make the total receipts for the year $18,117.25. And supposing the ordinary current expenses of the Association, aside from the publication of the JOURNAL, to be not more than $1,000 *per annum*, he predicted that the final income for the first year would be sufficient to pay the full amount required both for publication and editorial work, and leave a small surplus in the treasury.

"Of the $5,100 nominal assets, uncollected, entering into the estimate of the Editor in his former report, $3,354.34 have since been collected, making the total receipts on account of the first year of the publication of the JOURNAL, from all sources up to March 31, 1885, $16,371.59, or about $1,700 less than had been estimated. This was occasioned by the failure of a little more than 300 of those who had originally pledged payment of subscriptions, to redeem their pledges, and of two parties to fully pay the amounts of their advertising bills. As the total amount drawn from the treasury of the Association on account of the publication and editing of the JOURNAL for the first year was $14,153.80, and the actual current expenses of the Association, not connected with the publication of the JOURNAL, were $2,148.66 instead of $1,000, as the Editor had supposed in his estimate, the difference between his estimates and the final actual receipts for the first year of publication is fully explained, and shows an actual amount of total receipts over the total expenses of that year, of $77.13."

Considering the nature and number of the conditions involved, we think the results show unusual correctness of estimates, and if the estimate of the Editor for the current year shall prove as accurate as for the preceding one, it should satisfy the most exacting friends of the Association.

In conclusion, we desire to state that the reports of the Editor, the Treasurer of the Board, and of the Chairman of the Business Committee, have been duly received and *approved*. The Trustees have concluded, after considering the bids from various sources, to continue the publication of the JOURNAL in Chicago, promising the Editor all needed assistance. The fullest consideration was given to the subject of Editor; we earnestly requested Dr. N. S. Davis to withdraw his resignation and to continue his relations with the JOURNAL as its supervising Editor; to which he has replied as follows:

"Having accepted the responsible and laborious position of Editor of the JOURNAL of this Association at the beginning, from no other motive than a desire to aid in its successful establishment, I had a strong desire to retire as early as possible to the quiet that age demands.

"But a sense of duty impels me to still further suspend the resignation that I placed in your hands last year, and to yield to your unanimous request to continue the editorial superintendence of the JOURNAL, until such time as you may appoint a successor. Yours truly,

N. S. DAVIS."

All of which is respectfully submitted.

J. M. TONER, *President.*

On motion of Dr. Quimby, the report was accepted, and the Editor, Dr. N. S. Davis, was continued, with the thanks of the Association, tendered by unanimous vote.

The Permanent Secretary presented the following communication from the Section of State Medicine, which was read, and on motion laid on the table:

In the meeting of the Section on State Medicine, Wednesday, April 29, 1885, the following resolutions were offered by Dr. John B. Roberts, of Philadelphia, and adopted by the Section:

"*Resolved*, That the Section on State Medicine earnestly advocates the establishment in every state and territory of State Boards of Medical Examiners and Licensers; whose certificate shall be the only license permitting practice of medicine in said states;

"*Resolved*, That the Section requests the American Medical Association to direct its Permanent Secretary to transmit a copy of the annexed draft of a bill to the secretary of each and every state medical society, requesting that each state society discuss said bill, and report at the next meeting of this Association its views on the desirability of advocating such a bill."

I am requested by the Section on State Medicine to ask you to bring these resolutions as early as possible before the Association, that it may take prompt action on the second resolution.

The report of Dr. A. L. Gihon, chairman of the committee on the erection of a

MONUMENT TO DR. BENJAMIN RUSH

was called for and read by the Permanent Secretary (see JOURNAL of May 23).

On motion of Dr. I. N. Quimby, of New Jersey, the resolutions appended to the report were adopted and the report referred for publication.

The PRESIDENT appointed the following committee to consider so much of his address as relates to the establishment of

A SECTION OF MEDICAL JURISPRUDENCE.

Drs. I. N. Quimby, N. J.; X. C. Scott, Ohio; W. W. Dawson, Ohio; F. E. Daniel, Texas; J. V. Shoemaker, Pa.; Eugene Foster, Ga., and H. F. Campbell, Ga., *ex officio*.

The Committee on Nominations, through its

Chairman, Dr. R. A. Kinloch, of S. C., made the following nominations for

OFFICERS FOR THE ENSUING YEAR.

President—Wm. Brodie, Detroit, Mich.

1st Vice-President—Samuel Logan, New Orleans, La.

2d Vice-President—A. Y. P. Garnett, Washington, D. C.

3d Vice-President—Charles Alexander, Eau Claire, Wis.

4th Vice-President—W. F. Peck, Davenport, Iowa.

Permanent Secretary—Wm. B. Atkinson, 1400 Pine St., Philadelphia, Pa.

Treasurer—Richard J. Dunglison, Lock Box 1274, Philadelphia, Pa.

Librarian—C. H. A. Kleinschmidt, Washington, D. C.

OFFICERS OF SECTIONS.

Section of Practice of Medicine, Materia Medica, and Physiology: Chairman, J. T. Whittaker, Cincinnati, Ohio; Secretary, B. L. Coleman, Lexington, Ky.

Section of Obstetrics and Diseases of Women: Chairman, S. C. Gordon, Portland, Me.; Secretary, —— Paine,[1] Texas.

Section of Surgery and Anatomy: Chairman, Nicholas Senn, Milwaukee, Wis.; Secretary, H. H. Mudd, St. Louis, Mo.

Section of State Medicine: Chairman, John H. Rauch, Springfield, Ill.; Secretary, F. E. Daniel, Austin, Texas.

Section of Ophthalmology, Otology, and Laryngology: Chairman, Eugene Smith, Detroit, Mich.; Secretary, J. F. Fulton, St. Paul, Minn.

Section of Diseases of Children: Chairman, W. D. Haggard, Nashville, Tenn.; Secretary, W. B. Lawrence, Batesville, Ark.

Section of Oral and Dental Surgery: Chairman, John S. Marshall, Chicago, Ill.; Secretary, A. E. Baldwin, Chicago, Ill.

Committee on State Medicine, one from each state: R. D. Webb, Alabama; J. A. Dibrell, Jr., Arkansas; F. W. Hatch, California; C. Denison; Colorado; T. Antisel, District of Columbia; L. B. Bush, Delaware; A. S. Baldwin, Florida; J. P. Logan, Georgia; D. T. Nelson, Illinois; E. S. Elder, Indiana; D. S. Fairchild, Iowa; H. G. Hanawalt, Kansas. L. B. Todd Kentucky[2]; S. E. Chaillé, Louisiana; F. H. Gerrish, Maine[3]; L. F. Warner, Massachusetts; W. C. Van Bibber, Maryland; H. B. Baker, Michigan; D. W. Hand, Minnesota; B. F. Kitterell, Mississippi; Willis King, Missouri; A. P. Richardson, New Hampshire; L. W. Oakley, New Jersey; E. M. Moore, New York; Thomas F. Wood, North Carolina; S. F. White, Nebraska; W. M. Beach, Ohio; J. D. Thomas, Pennsylvania; A. Bellou, Rhode Island; Manning Simons, South Carolina; J. B. W. Nowlin, Tennessee; Geo. Cupples, Texas; H. D. Holton, Vermont; Charles Frissell, West Virginia; J. T. Reeve, Wisconsin; J. R. Smith, United States Army; George Peck, United States Navy; Walter Wyman, United States Marine Hospital Service; J. J. McAhran, Wyoming; W. E. Duncan, Dakota.

Committee on Necrology: J. M. Toner, Washington, D. C., chairman; C. H. Franklin, Alabama; D. A. Linthicum, Arkansas; C. Denison, Colorado; R. A. Lancaster, Florida; J. H. Hollister, Illinois; J. F. Hibberd, Indiana; Wm. Watson, Iowa; C. V. Mottram, Kansas; D. S. Reynolds, Kentucky; E. S. Lewis, Louisiana; Eugene Foster, Georgia; T. A. Foster, Maine; H. O. Marcy, Massachusetts; W. Brinton, Maryland; W. F. Breakey, Michigan; G. F. French, Minnesota; B. F. Ward, Mississippi; J. M. Scott, Missouri; E. W. Jones, New Hampshire; Stephen Wickes, New Jersey; J. Lewis Smith, New York; Thos. F. Wood, North Carolina; F. G. Fuller, Nebraska; W. Chapman, Ohio; I. M. Hays, Pennsylvania; W. E. Anthony, Rhode Island; Thos. Legare, South Carolina; F. L. Sim, Tennessee; Jos. H. Sears, Texas; C. F. Chandler, Vermont; L. B. Edwards, Virginia; —— Howells, West Virginia; J. K. Bartlett, Wisconsin; W. R. Forward, U. S. Army; H. W. Austin, U. S. M. H. S.; N. L. Bates, U. S. Navy; J. J. McAhran, Wyoming; W. E. Duncan, Dakota.

Judicial Council: R. A. Kinlock, South Carolina; D. D. Saunders, Tennessee; T. G. Richardson, Louisiana; G. A. Ketchum, Alabama; G. Baird, West Virginia; J. M. Toner, D. C.; A. M. Pollock, Pennsylvania.

St. Louis was recommended as the place of meeting, and the time for the assembling of the next annual session, first Tuesday in May, 1886.

DR. H. D. DIDAMA, of Syracuse, New York, moved to substitute Washington for St. Louis as the next place of meeting, but after some discussion withdrew the motion.

On motion of Dr. I. N. QUIMBY, of New Jersey, the report of the Nominating Committee was accepted and the nominations confirmed.

The Association adjourned until 10 A.M. Friday.

FRIDAY, MAY 1, FOURTH DAY.

The Association was called to order at 10 o'clock A.M., Vice-President J. S. LYNCH in the chair. After prayer by Rev. Sylvanus Landrum, DR. I. N. QUIMBY offered the following resolution, which was adopted:

Resolved, That the committee appointed in pursuance of a resolution adopted by this Association, April 30, 1885, to constitute an addition to the original committee of seven previously appointed to invite and make arrangements for the meeting of the International Medical Congress to be held in Washington, D. C., in 1887, be and the said committee is hereby authorized and empowered to select a chairman and a secretary, and to fill all vacancies that may occur by death or inability to attend the committee meetings, and to appoint the officers of the Congress.

DR. WM. BRODIE presented his resignation as

[1] The report does not state whether it is Charles T. Paine, of Comanche, Texas, or John F. Y. Paine, of Galveston.
[2] Dead.
[3] Dead.

a member of the Judicial Council, which was accepted, and the Nominating Committee requested to fill the vacancy.

DR. R. HARVEY REED, of Ohio, offered the following resolution, which was adopted:

Resolved, That a committee of three be appointed by the President, whose duty shall be to devise a system for the awarding of the *honors* to those who may desire to present

PAPERS FOR PRIZES OF HONOR

in the different Sections at the next meeting of this Association. And that said committee report subsequently through the Association JOURNAL.

On motion of DR. ARMSTRONG, of Texas, the resolutions previously offered by the Section of State Medicine in reference to

STATE BOARDS OF MEDICAL EXAMINERS

were taken from the table and adopted by vote of the Association.

CREMATION.

DR. J. M. KELLER, of Ark., offered the following resolution:

Resolved, That in our large cities, in the very near future, if not now, cremation of the dead will become a sanitary necessity.

On motion of DR. JOHN MORRIS, of Baltimore, the resolution was referred to a committee consisting of Drs. J. M. Keller, S. E. Chaillé, and H. Tuholske, to report at the next annual meeting of the Association.

The Committee on Nominations, through its Chairman, DR. R. A. KINLOCH, made the following additional nominations:

For Trustees of the JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION, Drs. E. M. Moore, of Rochester, N. Y., J. M. Toner, of Washington, D. C., and J. H. Hollister, of Chicago, Ill.

Chairman of the Committee of Arrangements, Dr. Le Grand Atwood, of St. Louis, Mo.

Assistant Secretary, Wm. C. Glasgow, of St. Louis, Mo.

Member of Judicial Council (to fill a vacancy) Dr. J. K. Bartlett, of Milwaukee, Wis.

On motion the report was adopted.

The Chairman of the Section of Ophthalmology, Otology, and Laryngology, Dr. J. A. White, Richmond, Va., and the Chairman of the Section of Diseases of Children, Dr. J. H. Pope, of Texas, read their addresses, which were listened to with attention, and were referred for publication.

The Chairman of the Section of Oral and Dental Surgery being absent, on motion he was authorized to send his address to the Committee of Publication.

DR. I. N. QUIMBY, in behalf of the Committee on so much of the President's address as relates to a

SECTION OF MEDICAL JURISPRUDENCE OR FORENSIC MEDICINE

reported recommending the "organization of such Section, and that it be known as the Section on Medical Jurisprudence; and that the By-Laws be amended by the addition of said Section after that on Oral and Dental Surgery."

After some discussion it was laid upon the table for one year as an amendment to the By-Laws of the Association.

DR. J. M. TONER, Chairman of the Committee on Necrology, stated that biographical sketches of deceased members had been published from time to time in the JOURNAL of the Association, and consequently no formal report was necessary.

The officers of several Sections reported their minutes and papers, which were referred for publication.

On motion the several amendments to the Constitution and By-Laws proposed at the last annual meeting were taken from the table for consideration. The amendment offered by DR. CARL SEILER, of Philadelphia, proposing to create an additional Section to be known as Section of Otology, Laryngology, and Rhinology, was first taken up, and on motion its consideration was indefinitely postponed.

The amendments offered by Dr. Von Klein, of Ohio, were considered and again laid upon the table.

The amendment to the By-Laws offered by DR. J. COCHRANE, of Alabama, was taken up, and after considerable discussion was, on motion of Dr. J. H. Murphy, of Minnesota, laid on the table.

The Permanent Secretary read a report from Dr. A. N. Bell, of New York, as follows:

TO THE AMERICAN MEDICAL ASSOCIATION:

The undersigned, Chairman of Committee on Medical and Sanitary Service on Trans-Oceanic Passenger Vessels is constrained to report in behalf of the committee that owing, apparently, to a change in the membership of the sub-committee on Commerce of the House of Representatives, and the extreme pressure of other business before that committee at the last session of Congress, your committee was not able to make any progress. The subject is favorably before several members of Congress, however, and if it be the pleasure of the Association to continue the committee for another year, there is reason for hope that the purpose of the Association will be accomplished. Respectfully submitted.

New York, April 25, 1885.

A. N. BELL, M.D.
Chairman of Committee.

On motion, the report was received, and the committee continued.

DR. M. H. HENRY, of New York, was appointed a delegate to the British Medical Association; and the President and Permanent Secretary were authorized to make such further appointments to foreign medical societies as they might deem proper.

DRS. A. GARCELON, of Maine, and J. T. JELKS, of Arkansas, offered the following resolution, which was seconded by Drs. J. H. Murphy, J. F. Hibberd, and N. S. Davis, and was unanimously adopted:

Resolved, That the thanks of this Association are hereby tendered to the medical profession,

citizens, and press of New Orleans for the admirable arrangements, cordial reception, and kind treatment which we have received at their hands; and in a special manner to Dr. and Mrs. T. G. Richardson, Mr. and Mrs. Cartwright Eustis, and the New Orleans' Jockey Club, for their elegant receptions; to the Committee of Arrangements and the officers of the Association for their untiring zeal in carrying on the work of this body. We assure them that we shall bear to our distant homes a lasting remembrance of the beauty and hospitality of the metropolis of the Mississippi Valley.

On motion, the President appointed ex-Presidents J. M. Toner and T. G. Richardson a committee to conduct the President-elect to the chair. The committee conducted Dr. Wm. Brodie, the President-elect for the ensuing year, to the platform, where he was received by the President and introduced to the Association.

He made a brief and appropriate address, after which the retiring President, Dr. H. F. Campbell, congratulated the Association for the orderly manner in which its business had been conducted, cordially thanked the members for their kindness and support, and declared the meeting adjourned to the first Tuesday in May, 1886.

W. B. ATKINSON,
Permanent Secretary.

DOMESTIC CORRESPONDENCE.

LETTER FROM NEW YORK.

(FROM OUR OWN CORRESPONDENT.)

Myoidema.—The Opening of the Carnegie Laboratory of Bellevue Hospital Medical College.

One of the most interesting features of the proceedings of the Academy of Medicine at its last meeting, May 7, was the discussion on the subject of "Myoidema." The paper of the evening was by Dr. E. Darwin Hudson, Jr., Professor of General Medicine and Diseases of the Chest in the New York Polyclinic, and one of the physicians to Bellevue and St. Elizabeth's Hospitals, and treated of the physical examination of weak chests and the differential diagnosis of the several forms of early phthisis. This sign, he said, may be regarded as a product of mediate percussion. It is in no wise connected with chest acoustics, but rather pertains to the subject of the thoracic innovation and the influence of pulmonary tissue waste upon the spinal centre. It is undoubtedly a special cutaneous reflex, characterizing many, perhaps most, phthisical cases, and it is so frequently present at the periods when caseation and secondary inflammations mark a case, hitherto uncertain, as one of phthisis, that it may be regarded when present, as pathognomonic. As early as 1830, Graves and Stokes described in the Dublin Hospital reports certain muscular tumors which appeared following direct percussion upon the chest in incipient phthisis, chiefly on the seat of irritation. Warburton Bigbie observed and taught it as an evidence of phthisis.

Lawson Tait, in 1871, in the *Dublin Journal of Medical Science*, described this phenomenon, and designated it more classically as *myoidema*, or "muscle tumor." Gairdner and Finlayson, in the work of the latter, also allude to the diagnostic value of the sign, and properly add that "myoidema" and "muscle tumor" are misnomers, since this reflex is of the skin alone; that it is best produced by quick strokes of two or more finger tips upon the costal cartilages, where no underlying muscle exists, and is much less marked over the muscles of the intercostal spaces. Dr. Hudson remarked that he should hesitate to call attention anew to a point advanced so long ago by Graves and Stokes, and which had presumably long since passed into oblivion because tried and found devoid of significance, were it not that he had first carefully studied it upon several hundred chests at Bellevue Hospital and the Polyclinic.

"Being myself sceptical of its special relations to phthisis only," he continued, "I have at the outset asked myself, as most of my students in physical diagnosis have asked me, if it was not present in all cases of emaciation, wasting disease, and slow convalescence. Hence, I have sought to find it in the chests of convalescents from protracted and depressing typhoid, in advanced cirrhosis, in abscess of the liver, in hemiplegics and paraplegics, and indeed, wherever disease had produced tissue waste.

"The results of my observations were: *First*, that it is usually present in established phthisis, where the long-standing and progressive intrathoracic disease has wasted the body. *Second*, that it frequently exists in incipient phthisis. *Third*, that it is exceptionally present in any other disease, and its presence in any such case justifies a suspicion of phthisis. In but one case, a convalescent from typhoid, did it seem pronounced, and so exceptional was this case, that, though chest disease was not demonstrable, I felt that its early manifestations might soon appear. Again, in cases of chronic bronchitis, bronchial dilation, and bronchiectasis, it does not appear, nor again in cases of thickened pleura, however extended; but when fibroid is developed, whether of bronchial, interstitial, or pleural origin, so as to contract the chest and cripple the lungs for respiratory service, and lessen the nutrition of the body, it begins to appear. It is most pronounced when elevation of temperature, colliquitive sweating, and bodily debility indicate pulmonary tissue waste and caseation. In advanced phthisis, with softening, cavity, and excessive muco-purulent sputa, it reaches its maximum."

He stated that he usually percussed with a quick, firm blow, with two or three finger tips of the right hand, upon the costal cartilages of

either side. Instantly two or three little conoidal tumefactions appeared, rising to a variable height in different cases, ranging from one-sixteenth to one-eighth, or, rarely, one-quarter of an inch. Remaining fixed for a variable period, rarely so brief as a second, more often two or three seconds, they underwent a subsidence more gradual than the elevation, a vibratile, vacillating, interrupted recession. Finlayson spoke of it as "a peculiar momentary starting and elevation of the skin." Dr. Hudson said that he had sometimes seen in the intercostal space an associated reflex muscle wave, which floated away toward the shoulder until lost. He concluded his reference to the subject as follows: "I have, therefore, so far as I have studied myoidema, come to regard it as of diagnostic value. I regard it as a corroborative sign of existing phthisis, and as indicating the arrival of a case of phthisis at a point when the nervous system and the vitality have become depressed beyond the point of resistance, and as marking the case as one tending toward an unfavorable result. If found in a case upon which I had hitherto looked hopefully, it would lead me to renew my examination for evidence of infiltration and caseation." Dr. Hudson then passed around a photograph representing two of these so-called "muscle tumors."

The first speaker who took part in the discussion which followed the reading of the paper was Prof. Alfred L. Loomis, but he made no reference whatever in his remarks to this portion of it. The next one, however, Dr. Page, stated that he fully concurred in the views expressed in it in regard to myoidema. Whether it was simply a coincidence or not, this sign was frequently present in cases of phthisis. Graves and Stokes had mentioned that it was more often perceptible in the early than the later stages of the disease; but this was the reverse of his own experience in the examination of the chests of a hundred or more phthisical patients. He had found that as the disease advanced and emaciation increased, this sign became more marked, and he believed that in the early stages it is likely to be obscured by the adipose tissue present. Tait said that it was more perceptible on the side of the chest where the emaciation was most marked, and that he thought it was due to muscular contractility. Schiff called it idio-muscular contractility. Forbes (1881) said that myoidema might be produced in typhoid or wasting diseases in all the muscles of the body by tapping them with a stick. Personally he believed that it could be found in all cases of phthisis. He had now one case under observation, however, in which it was well marked, where there were as yet no other physical signs of phthisis. This was a boy 15 years of age, in whom myoidema was pronounced in the right infra-clavicular space, and was also found, though to a much less marked degree, on the left side. As the lad had a dry, hacking cough, and the pulse and temperature were both constantly higher than normal, he said he would watch the future history of the case with great interest.

Prof. E. G. Janeway said that he had studied this phenomenon of myoidema to a sufficient extent to convince him of its unreliability as a diagnostic sign. He had seen it frequently in other diseases than phthisis, and in various muscles all over the body. He believed that it could often be found in emaciated subjects, whatever the cause of the loss of flesh, and thought that the only reason why it had not been so generally observed in other wasting diseases besides phthisis was because in them the physician was not ordinarily apt to tap the chest. As he had just said, myoidema was not limited to the chest; and, as a rule, he had found it much more perfectly developed on the biceps and deltoid muscles than on the pectoralis major. For his part, he believed it to be purely muscular.

In closing the discussion Dr. Hudson remarked that he wished it to be distinctly understood that the phenomenon in question was not a *muscle wave*, but a true cutaneous reflex. In the paper he had been particular to say that he had sometimes seen an associated reflex muscle wave in the intercostal space, which floated away toward the shoulder until lost. He thought Dr. Janeway would not deny that there was a real elevation of the skin in urticaria and in cutis anserina, and since this was the case, he believed it was reasonable to suppose that the so-called myoidema was a cutaneous phenomenon. Finlayson and Gairdner expressly stated that the designation "myoidema" was a misnomer. For some time past Dr. Booth, in the department for diseases of the nervous system at the Manhattan Eye and Ear Hospital, had examined every nervous case coming under his observation for true myoidema, and had not found it in a single instance; and as he had stated in the paper, he had himself observed it in no cases where phthisis was not present, with the exception of one or two of convalescence from typhoid fever. That it was not a muscular phenomenon he thought was proved by the fact that the tumefactions were caused by striking upon the costal cartilages, where there was no muscular tissue.

Dr. Janeway begged to say a single word in addition. He had carefully examined the photograph exhibited by Dr. Hudson to be sure that the phenomenon treated of in the paper was the same thing which he himself understood by myoidema, and he found that it was precisely. He thought Dr. Hudson could hardly successfully deny that the fibres of the pectoralis major extended over the costal cartilages.

The Carnegie Laboratory, in connection with the Bellevue Hospital Medical College, of which so much has been written, is to be formally opened next week, and the New York County Medical Association will hold its first meeting in its spacious auditorium on the 18th inst.

P. B. P.

MISCELLANEOUS.

PARIS.

HOUSE-INSPECTION IN PARIS.—The Préfet of Police has issued the following decree: A special service is to be organized for inspecting houses and apartments let furnished within the limit of the prefecture of police. The territory included in the prefecture and situated outside the fortifications is divided into four districts. A health inspector of furnished apartments is appointed to each district, and is obliged to visit at least once a year all furnished houses in his district. All furnished houses must be visited by the house inspector before they are let, also lodgings and houses which change landlords. In the case of infectious diseases breaking out in a lodging house, the health inspector pays a visit of inspection without loss of time, and makes the necessary arrangements to insure the safety of the public health. In cases of illness or forced absence the visiting inspector is replaced by a colleague. After each visit a report is sent in to the préfet of police. A general report is to be sent in by every inspector in the month of October.

INFECTION FROM WOOL-CARDING AND BED-PURIFYING WORKSHOPS.—The Conseil d'Hygiène et de Salubrité Publique of the Seine discussed, at a recent meeting, a report on the danger of infectious diseases being propagated by workshops where bedding is purified and the wool recarded. It was decided that such establishments should be included in the second class of unhealthy establishments, not in the third, as at present. Therefore, when the Minister of Commerce has sanctioned this change, the above operations will be carried on in houses where hygienic precautions are more rigorously observed. It is also forbidden to recard the wool of mattresses or to beat in the streets either wool or horse hair which has been used for stuffing furniture or beds.

THE USE OF ISINGLASS IN FOODS.—Le Conseil d'Hygiène et de Salubrité has raised the question whether, in the interest of public health, isinglass ought to be used by pastry cooks in making creams; an article called "Japanese Pearl," made with isinglass, is sold for making a soup which is highly esteemed. As isinglass is perfectly innocent, the Conseil decided that it is not necessary to prohibit its use; nevertheless, when used in the preparation of creams and jams, the public are to be told the nature of the article they buy.

WASHING LINEN IN THE SEINE.—The Préfet of the Police has requested the Conseil d'Hygiène to examine the subject of the boat wash houses on the Seine, and to consider the desirability of dirty linen being washed in the river. A commission has been named, consisting of M. Lax, M. Riche, M. Larrey, M. de Luynes, M. Lagneau, and M. Jungfleisch, to report on the question.

M. BROUARDEL, Professor of Medical Jurisprudence and Lecturer on Hygiene, has been promoted to the rank of Commander of the Legion of Honor. Dr. Proust, General Inspector of Health, has been named Chevalier.

BURIAL REGULATIONS IN FRANCE.—A prefectorial circular lately issued, directs that dead bodies are not to be conveyed beyond the limits of the prefecture, unless inclosed in an oaken coffin, of which the planks are 1¾ inch thick; the iron bands to be ½ inch wide and ¼ inch thick. If the body is to be removed to a distance exceeding 200 kilometers (133 miles) the coffin is to be made of lead, ¼ inch thick. It sometimes happens that when bodies are removed to a distance of 200 kilometers (133 miles) fluids and gases escape from oaken coffins. This unseemly sight and overpowering odor have vividly impressed the municipal authorities, who have loudly called for a reform. The Préfet of the Police, adopting the advice of the Conseil d'Hygiène, has decreed that henceforth dead bodies removed to a distance of 200 kilometers must be placed in a coffin lined with India rubber or cardboard steeped in tar.

A QUACKERY CRUSADE IN PHILADELPHIA.—At a recent meeting of the Philadelphia County Medical Society steps were taken for enforcing the law against illegal practitioners. The committee in charge of the matter have made arrangements for dividing the city into sections, each of which will be placed under the care of one or more members of the committee, whose duty it shall be to search out and collect evidence against illegal practitioners.

OFFICIAL LIST OF CHANGES IN THE STATIONS AND DUTIES OF OFFICERS SERVING IN THE MEDICAL DEPARTMENT, U. S. ARMY, FROM MAY 2, 1885, TO MAY 8, 1885.

Major Jos. H. Bill, Surgeon, ordered for duty as member of Army Medical Examining Board, New York City, N. Y.

Captain Wm. G. Spenser, Assistant Surgeon. From Department East to Department Dakota.

Captain Louis Brechemin, Assistant Surgeon. From Department East to Department Platte.

Captain William B. Davis, Assistant Surgeon. From Department Dakota to Department East. (S. O. 100, A. G. O., May 2, 1885.)

Major George M. Sternberg, Surgeon; detailed to attend, as a delegate on the part of the Government of the United States, the Sanitary Conference to be held at Rome, Italy, on May 15, 1885. (S. O. 103, A. G. O., May 6, 1885.)

Captain Stevens G. Cowdrey, Assistant Surgeon, assigned to duty as Post Surgeon, Fort Bliss, Texas. (S. O. 65, Department Missouri, May 2, 1885.)

1st Lieut. Wm. H. Arthur, Assistant Surgeon, assigned to duty at Ft. Niagara, N. Y. (S. O. 89, Department East, April 28, 1885.)

1st Lieut. M. C. Wyeth, Assistant Surgeon, ordered for temporary duty at Ft. Wadsworth, N. Y. H. (S. O., 95, Department East, May 6, 1885.)